Image# 14951788954 PAGE 1 / 61

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		Rumonzea Commi			Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If ty over the lines.	oing, type	12FE4M5	
American Health Care A	Association Politic	cal Action Comm	ittee		
ADDRESS (number and street)	1201 L Street, NW				
Check if different					
than previously reported. (ACC)	Washington			DC	20005
2. FEC IDENTIFICATION NUM	MBER ▼	CITY		STATE 🛦	ZIP CODE ▲
C C00006080	3.	IS THIS REPORT	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	H	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	' (c) 12-Day PRE-Election Report for the	Primary (1 Convention		General (
October 15 Quarterly Report (Q3	·				
January 31 Year-End Report (YE)Ele	ection on	/ D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the	,	0G)	Runoff (3	0R) Special (30S)
Termination Report (TER)		ection on	/ D = D /	Y	in the State of
5. Covering Period 09	01 201	through	M M	/ 30 /	2014
I certify that I have examined this	Report and to the bes	t of my knowledge and	d belief it is tru	ue, correct and	I complete.
Type or Print Name of Treasurer	Ms. Robin Hillier				
Signature of Treasurer Ms. Ro	bbin Hillier	[Electronica	ally Filed]	Date 10	20 / 2014
NOTE: Submission of false, erroned	ous, or incomplete inform	ation may subject the p	erson signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 09 01 2014 To: 09 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		433429.72
	(b) Cash on Hand at Beginning of Reporting Period	248881.78	
	(c) Total Receipts (from Line 19)	63774.58	529175.48
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	312656.36	962605.20
	Total Disbursements (from Line 31)	161513.11	811461.95
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	151143.25	151143.25
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

outions (other than loans) From: dividuals/Persons Other nan Political Committees Itemized (use Schedule A)	Total	This Period	Calendar Year-to-Date
dividuals/Persons Other nan Political Committees			
Itemized (use Schedule A)			
		61177.31	479113.88
Unitemized		2597.27	22734.60
i) TOTAL (add Lines 11(a)(i) and (ii)▶		63774.58	501848.48
olitical Party Committees		0.00	0.00
ther Political Committees		0.00	5000.00
	7	7	
		63774.58	506848.48
		7	
Committees		0.00	0.00
ans Received	7	0.00	0.00
Renayments Received		0.00	0.00
	7	7	7
· · · · · · · · · · · · · · · · · · ·		0.00	0.00
1 - 1		7	7 7
		0.00	21327.00
		0.00	21027.00
· · · · · · · · · · · · · · · · · · ·		0.00	1000.00
	7	0.00	1000.00
		0.00	0.00
on schedule 110)		0.00	0.00
		0.00	0.00
rin Funds (from Schedule H5)	7	0.00	0.00
al Transfers (add 18(a) and 18(b))		0.00	0.00
	ther Political Committees uch as PACs) platal Contributions (add Lines (a)(iii), (b), and (c)) (Carry platals to Line 33, page 5) pers From Affiliated/Other Committees ans Received Repayments Received 5 To Operating Expenditures ds, Rebates, etc.) Totals to Line 37, page 5) ds of Contributions Made eral Candidates and Other al Committees Federal Receipts ends, Interest, etc.) pers from Non-Federal and Levin Funds in-Federal Account from Schedule H3) prin Funds (from Schedule H5)	ther Political Committees uch as PACs)	there Political Committees uch as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN B Calendar Year-to-Date		
21.	Operating Expenditures: — (a) Allocated Federal/Non-Federal	Total This Period	Outonadi Todi to Bato	
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00	
	(i) I ederal Share			
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating			
	Expenditures	1346.44	10928.62	
	(c) Total Operating Expenditures			
	(add 21(a)(i), (a)(ii), and (b))▶	1346.44	10928.62	
	Transfers to Affiliated/Other Party	0.00	0.00	
3.	Committees Contributions to	0.00	0.00	
	Federal Candidates/Committees and Other Political Committees	153500.00	777000.00	
	Independent Expenditures		7	
	(use Schedule E)	0.00	0.00	
5.	Coordinated Party Expenditures			
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
_	. <u>.</u>	0.00	2.22	
6.	Loan Repayments Made	0.00	0.00	
7	Lagua Mada	0.00	0.00	
	Loans Made Refunds of Contributions To:	0.00	0.00	
	(a) Individuals/Persons Other Than Political Committees	6666.67	8533.33	
	Than I offical committees	0000.07		
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees			
	(such as PACs)	0.00	0.00	
	(d) Total Contribution Refunds			
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	6666.67	8533.33	
	(add Lines 20(a), (b), and (c))			
9.	Other Disbursements	0.00	15000.00	
	L	7	7	
).	Federal Election Activity (2 U.S.C. §431(20))			
	(a) Allocated Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(i) Federal Share	0.00	0.00	
	(**) - 1 - 1 O	0.00	0.00	
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	7	
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
	(c) Total Federal Election Activity (add	7		
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00	
	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	161513.11	811461.95	
	L	7		
	Total Federal Disbursements			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	10151011	2410105	
	from Line 31)	161513.11	811461.95	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	63774.58	506848.48
4. Total Contribution Refunds (from Line 28(d))	6666.67	8533.33
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57107.91	498315.15
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1346.44	10928.62
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1346.44	10928.62

Use separate schedule(s) for each category of the

FOR LINE	NUMBER	: PAGE	E 6 OF	61			
(check only one)							
X 11a	11b	11c	12				
13	14	15	16	17			

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Eileen Baird Date of Receipt Mailing Address 98 Porters Hill Road 05 2014 City State Zip Code Transaction ID: C2818383 CT Trumbull 06611 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Vice President The Lincoln Healthcare Group Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Harry Baum Date of Receipt Mailing Address 10315 Johnson Drive 09 20 2014 City State Zip Code Transaction ID: C2828531 KS Shawnee 66203 Amount of Each Receipt this Period FEC ID number of contributing 625.00 federal political committee. Name of Employer Occupation Sharon Lane Health Services Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.00 Other (specify) Full Name (Last, First, Middle Initial) c. David C. Beck Date of Receipt Mailing Address 5104 Oak Tree Circle 2014 09 23 City State Zip Code Transaction ID: C2831915 TX **Dallas** 75287 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Government Relations Golden Living Receipt For: Aggregate Year-to-Date ▼ Primary General

3625.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

500.00

Other (specify)

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	7	OF	61		
(cł	nec	ck only	or	ne)						
	X	11a		11b		11c	12	2		
		13		14		15	16	6	17	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee				
Full Name (Last, First, Middle Initial) Lyn C. Bentley Mailing Address 2212 Hidden Valley Ln		Date of Receipt 09 23 2014			
City Silver Spring	State Zip Code MD 20904-5240	Transaction ID : C2831929 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.32			
Name of Employer American Health Care Association Receipt For: Primary General Other (specify) ▼	Occupation Senior Director, Regulatory Services Aggregate Year-to-Date ▼ 666.56	* Payroll Deduction: \$41.66 Bi-Weekly			
Full Name (Last, First, Middle Initial) Heath Boddy Mailing Address 2201 N 98th Street		Date of Receipt 09 12 _2014 _			
City Lincoln	State Zip Code oln NE 68505				
FEC ID number of contributing federal political committee.	C	85.00			
Name of Employer Nebraska Health Care Association	Occupation State Executive				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00				
Full Name (Last, First, Middle Initial) C. Lane Bowen		Date of Receipt			
Mailing Address One Ravinia Drive Suite 1500	7.01	09 30 / 2014			
City Atlanta	State Zip Code GA 30346	Transaction ID : C2838419 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	5000.00			
Name of Employer	Occupation				
Sava Senior Care Receipt For:	President and COO				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00				
SUBTOTAL of Receipts This Page (optional)		5168.32			
TOTAL This Period (last page this line numbe	r only)				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	8	OF	61
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
/ American Health Care Associ	iation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Douglas Burr		Date of Receipt
Mailing Address 11851 Wilde Run Court		09 25 2014
City	State Zip Code	Transaction ID : C2831900
Roswell	GA 30075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer	Occupation	1
Health Care Navigator LLC	VP of Finance, Reimbursement & Gov't R	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 5	
Other (specify) ▼	975.00	
Full Name (Last, First, Middle Initial) Steven E. Chies		Date of Receipt
Mailing Address 7651 Old Central Ave NE		09 12 2014
City	State Zip Code	Transaction ID : C2823328
Fridley	MN 55432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Benedictine Health System	Senior VP, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Deth Coplin	•	Date of Receipt
Mailing Address 106 Shawnee Cir.		09 17 _ 2014 _
City	State Zip Code	Transaction ID : C2826379
West Monroe	LA 71291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Landmark Nursing & Rehab Center	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1075.00
. (-1	<u>_</u>	
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	9	OF	61
(0	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Health Care Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial) A. Peter Corless		Date of Receipt
Mailing Address 3308 Overlook Ridge Rd		09 23 _ 2014 _
City	State Zip Code	Transaction ID : C2831930
Prospect	KY 40059-8577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
American Health Care Association	Regional Multi-Facility Liaison	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	* Payroll Deduction: \$20.00 Bi-Weekly
Full Name (Last, First, Middle Initial) Randall Cyphers		Date of Receipt
Mailing Address 14591 SE Hemmen Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	09 19 2014
Clackamas	OR 97015	Transaction ID : C2828513 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Hoodpt this Follow
federal political committee.	C	250.00
Name of Employer	Occupation	
Brookdale Senior Living	VP, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David Ellis		Date of Receipt
Mailing Address 20 Glover Avenue 1st Floor		09 04 2014 _
City	State Zip Code	Transaction ID : C2817933
Norwalk	CT 06850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Lincoln Healthcare Group	President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (optional)	•	5290.00
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER:	PAGE	10
Use separate schedule(s)	(check only one)		
for each category of the	X 11a 11b	11c	12
Detailed Summary Page			14
	10 14	4.5	4.0

OF 61 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Joanne E Erickson Date of Receipt Mailing Address 911 S Randolph St 2014 23 City State Zip Code Transaction ID: C2831932 VA Arlington 22204-1564 Amount of Each Receipt this Period FEC ID number of contributing C 86.96 federal political committee. Name of Employer Occupation Editor in Chief, Provider Magazine American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$43.48 Bi-Weekly 652.20 Other (specify) Full Name (Last, First, Middle Initial) B. Carol Ernst Date of Receipt Mailing Address 9601 Leighton Ave 09 25 2014 City State Zip Code Transaction ID: C2831939 NE Lincoln 68507 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **Eastmont Towers Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Patrick Fairbanks Date of Receipt Mailing Address 19915 Nina St. 2014 09 25 City State Zip Code Transaction ID: C2831901 NE Omaha 68130 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation COO Vetter Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 586.96 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	• '	11	OF		0.1	
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	5		17

	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) 1. Debra Finneran		Date of Receipt
Mailing Address 6939 Wythe Hill Circle		09 26 2014
City	State Zip Code	Transaction ID : C2833596
Prospect	KY 40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Masonic Homes of Kentucky	VP, Clinical Quality Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) William J. Griffith		Date of Receipt
Mailing Address 1421 T Street, NW		M = M / D = D / Y = Y = Y
Apt. #1	Ctata Zin Coda	09 23 2014
City	State Zip Code DC 20009	Transaction ID : C2831933
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer	Occupation	
American Health Care Association	Manager, Political Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	* Payroll Deduction: \$20.83 Bi-Weekly
Other (specify) ▼	333.28	
Full Name (Last, First, Middle Initial) C. Jennifer S Hahs		Date of Receipt
Mailing Address 12423 Flint Street		09 23 2014
City	State Zip Code	Transaction ID : C2831934
Overland Park	KS 66213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	86.96
Name of Employer	Occupation	
American Health Care Association	Senior Director, Political Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		* Payroll Deduction: \$43.48 Bi-Weekly
Other (specify) ▼	652.20	·
SUBTOTAL of Receipts This Page (optional)		628.62
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 12 OF (check only one) X 11a 11b 11c

61 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Glenn Hendrix Date of Receipt Mailing Address 3907 Club Drive 2014 09 26 City State Zip Code Transaction ID: C2833626 GA Atlanta 30319 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Arnall Golden Gregory LLP Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Richard Herrick Date of Receipt Mailing Address 33 Elk Street 09 2014 07 City State Zip Code Transaction ID: C2819668 NY Albany 12207 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation NYS Health Facilities Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Todd Hightower Date of Receipt Mailing Address 217 Lakewood Road 2014 09 23 City State Zip Code Transaction ID: C2831919 AR Van Buren 72956 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Name of Employer Occupation Healthmark Services Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 13 OF 61 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Robin L. Hillier Date of Receipt Mailing Address 4433 Pebble Creek Ln 09 20 2014 City State Zip Code Transaction ID: C2828527 Long Grove IL 60047-5283 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation Lake Point Rehab and Nursing Center Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 3750.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Holly Jarek Date of Receipt Mailing Address 118B Hollis St 09 30 2014 City State Zip Code Transaction ID: C2838421 MA Groton 01450-1355 Amount of Each Receipt this Period FEC ID number of contributing 625.00 federal political committee. Name of Employer Occupation Seven Hills Foundation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Johnson Date of Receipt Mailing Address 9403 Mill Brook Road 2014 09 21 City Zip Code State Transaction ID: C2828568 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Kentucky Association of Health Care Fa President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 11c

61

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Carole Jones Date of Receipt Mailing Address 5601 Seminary Road, Apt. 2505N 2014 City Zip Code State Transaction ID: C2826380 VA Falls Church 22041 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation American Health Care Association Executive Assistant to the President Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cheryl Killian Date of Receipt Mailing Address 3801 Woodside Dr 09 2014 26 City State Zip Code Transaction ID: C2838558 TX Arlington 76016-3030 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Legacy Care Centers Inc. President Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. David A Kyllo Date of Receipt Mailing Address 4621 28th Road South 2014 09 23 City Zip Code State Transaction ID: C2831936 Arlington VA 22206 Amount of Each Receipt this Period FEC ID number of contributing 217.40 С federal political committee. Name of Employer Occupation National Center for Assisted Living **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$108.70 Bi-Weekly 1630.50 Other (specify) 317.40 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

SCHEDULE A (FEC FORM 3X)		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a						
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Health Care Asso	ciation Polition	cal Action Committee							
Full Name (Last, First, Middle Initial) A. Meg LaPorte			Date of Receipt						
Mailing Address 7708 Meadow Lane	01-1-	75.004	09 23 2014						
City Chevy Chase	State MD	Zip Code 20815	Transaction ID : C2831940 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		29.16						
Name of Employer	Occupation								
AHCA/NCAL Receipt For: ☐ Primary ☐ General Other (specify) ▼	Senior Police Aggregate	Year-to-Date ▼ 233.28	* Payroll Deduction: \$14.58 Bi-Weekly						
Full Name (Last, First, Middle Initial) B. Randy Lee	-		Date of Receipt						
Mailing Address 176 Laurelhurst Ave	Ctata	7in Code	09 29 2014						
City Columbia	State SC	Zip Code 29210-3824	Transaction ID : C2834389 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		1000.00						
Name of Employer South Carolina Health Care Assn	Occupation Executive V	rice President							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
Full Name (Last, First, Middle Initial) C. William Bruce Levering	·		Date of Receipt						
Mailing Address 6180 Sparta Road			09 17 2014						
City Fredericktown	State OH	Zip Code 43019	Transaction ID : C2826378 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		2500.00						
Name of Employer	Occupation	1							
Levering Management	CEO								

3529.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

5000.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify) ▼

General

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

61

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Lawrence Lopardo Date of Receipt Mailing Address 25117 SW Parkway 2014 27 City Zip Code State Transaction ID: C2833762 OR Wilsonville 97070 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation General Counsel Avamere Health Services, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Tim Lukenda Date of Receipt Mailing Address 111 West Michigan Street 09 30 2014 City State Zip Code Transaction ID: C2838420 WI Milwaukee 53203 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Extendicare Health Services President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Sarah L. Marks Date of Receipt Mailing Address 289 Mountain Road 2014 09 05 Zip Code City State Transaction ID: C2818009 Abton VA 22920 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation VP of Operations Consulate Management Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 5750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE	PAGE			
	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b		11c	
	12	14		<u>_</u> [_

12

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) A. Bethany R Martino Mailing Address 8559 Window Latch Way		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbia FEC ID number of contributing federal political committee.	State Zip Code MD 21045	Amount of Each Receipt this Period 90.90
Name of Employer American Health Care Association Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Public Affairs Aggregate Year-to-Date ▼ 636.30	* Payroll Deduction: \$45.45 Bi-Weekly
Full Name (Last, First, Middle Initial) 3. Jill Mendlen Mailing Address 6155 Cornerstone Center Ea Suite 220 City	st State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
San Diego FEC ID number of contributing federal political committee.	CA 92121-4737	Transaction ID : C2818036 Amount of Each Receipt this Period 750.00
Name of Employer LightBridge Hospice & Palliative Care Receipt For: Primary General Other (specify) ▼	Occupation President/CEO Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Richard Mendlen Mailing Address 2151 Calle Poco		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City San Diego FEC ID number of contributing federal political committee. Name of Employer Kennon S. Shea & Associates Receipt For: Primary General Other (specify)	State Zip Code CA 92019 C Occupation COO Aggregate Year-to-Date ▼ 1000.00	Transaction ID : C2818037 Amount of Each Receipt this Period 417.00
SUBTOTAL of Receipts This Page (optional)		1257.90
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 18 OF 61 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jeff Mukamal Date of Receipt Mailing Address 1641 Stannard Trail 2014 City Zip Code State Transaction ID: C2826242 NC Raleigh 27612 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation VP of Healthcare Consulting Providence Management and Development Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marvin J. Ostreicher Date of Receipt Mailing Address 46 Stauderman Ave 09 2014 23 City State Zip Code Transaction ID: C2831924 NY Lynbrook 11563-2524 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation National Health Care Associates, Inc. President Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Julie C Painter Date of Receipt Mailing Address 5023 Waple Ln 09 23 2014 City Zip Code State Transaction ID: C2831942 Alexandria VA 22304-7727 Amount of Each Receipt this Period FEC ID number of contributing 43.48 С federal political committee. Name of Employer Occupation American Health Care Association Vice President of Constituency Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$21.74 Bi-Weekly 326.10 Other (specify) 5543.48 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

	FOR LINE NUMBER:	PAGE	19	OF
Jse separate schedule(s) or each category of the	(check only one)	1 [
Detailed Summary Page	X 11a 11b	11c	12	_

61

	, 5		13		14		15		16		17
Any information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson	for the	e pui	rpose o	f sc	liciting	COI	ntributio	ons	
or for commercial purposes, other than using the name and a	address of any political committee	to s	olicit c	ontril	butions	fror	n such	CO	mmittee	e.	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Christopher Parks Mailing Address 1730 Truro Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Crofton	State Zip Code MD 21114-2520	Transaction ID : C2831943 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer American Health Care Association Receipt For: Primary General Other (specify) ▼	Occupation Director of IT and Operations Aggregate Year-to-Date ▼ 323.68	* Payroll Deduction: \$20.83 Bi-Weekly
Full Name (Last, First, Middle Initial) William J. Pascocello Mailing Address 29 Sunnyside Way		Date of Receipt 09 13 2014
City New Rochelle	State Zip Code NY 10804	Transaction ID : C2824933 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Kingsbridge Heights Rehabilitation & C	Occupation Partner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) William J. Pascocello		Date of Receipt
Mailing Address 29 Sunnyside Way	Otata Zin Coda	09 13 2014
City New Rochelle	State Zip Code NY 10804	Transaction ID : C2824934 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Kingsbridge Heights Rehabilitation & C Receipt For: Primary General Other (specify) ▼	Partner Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)		2041.66
TOTAL This Period (last page this line numbe	r only)	

Use separate sched for each category of Detailed Summary F

	FOR LINE NUMBER: PAGE 20 OF 61									
dule(s) of the	(check only	one)								
Page	X 11a	11b	11c	12						
	13	14	15	16	17					

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Gary Porter		Date of Receipt
Mailing Address PO Box 128		09 20 2014
City Ardmore	State Zip Code OK 73402	Transaction ID : C2828529 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Premier Health Care, LLC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Owner Aggregate Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) Martin Porter Mailing Address PO Box 128		Date of Receipt
City Ardmore	State Zip Code OK 73402-0128	09 20 2014 Transaction ID : C2828528
FEC ID number of contributing federal political committee.	C 75402-0128	Amount of Each Receipt this Period 1250.00
Name of Employer Premier Health Care, LLC	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) C. Katherine Preede		Date of Receipt
Mailing Address 1200 S Courthouse Road Apt 428		09 23 2014
City Arlington	State Zip Code VA 22204	Transaction ID : C2831944 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer AHCA/NCAL	Occupation Director, Membership & Business Develo	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	* Payroll Deduction: \$20.83 Bi-Weekly
SUBTOTAL of Receipts This Page (optional).	>	2541.66
TOTAL This Period (last page this line number	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

X 11a 11b 11

FOR LINE NUMBER:					PAGE	: 2	21	OF		61
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16	;		17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Health Care Associate	ion Political Action Committee	
Full Name (Last, First, Middle Initial) A. Karen Root Mailing Address 394 West 400 North		Date of Receipt
Mailing Address 354 West 400 North		09 19 2014
City	State Zip Code	Transaction ID : C2827450
Orem	UT 84057-4663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Mesa Vista	Owner/Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Angelo Rotella		Date of Receipt
Mailing Address 4 Pond View Ct		09 29 2014
City	State Zip Code	Transaction ID : C2834404
Smithfield	RI 02917-1773	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Friendly Home	Occupation Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Matthew Rotella		Date of Receipt
Mailing Address 4 Pond View Ct		09 29 2014
City Smithfield	State Zip Code RI 02917	Transaction ID : C2834401 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Friendly Home	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 22 OF 61

Use separate schedule(s)	(check only one)	FAGL	22 01	01
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
zotanou cummany i ago	13 14	15	16	17

Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may not be sold or used by any per- the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) David M. Rumford		Date of Receipt
Mailing Address 8605 Centreville Road		09 05 2014 _
City	State Zip Code	Transaction ID : C2818007
Manassas	VA 20110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	+
Birmingham Green	CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Martin Sbriglio		Date of Receipt
Mailing Address 88 Ryders Landing Ste 208	•	09 08 2014 _
City	State Zip Code	Transaction ID : C2852601
Stratford	CT 06614-1666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Ryders Health Management	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 339 East Maple Street Suite 100		09 23 2014
City	State Zip Code	Transaction ID : C2831920
North Canton	OH 44720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	1
Absolute Health Services	President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	3750.00	
SUBTOTAL of Receipts This Page (optional).		2000.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 23 OF 61

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association P	olitical Action Committee	
Medline Senic	pation or VP HC Corporate Sales egate Year-to-Date ▼ 750.00	Date of Receipt 9 21 2014 Transaction ID: C2828571 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Jennifer S Shimer Mailing Address 9507 Shelly Krasnow Ln City Sta	ıte Zip Code	Date of Receipt 09 23 2014 Transaction ID : C2831947
	22031-4720 pation	Amount of Each Receipt this Period 90.90
American Health Care Association Receipt For: Primary General Other (specify) ▼ Aggr	egate Year-to-Date ▼ 636.30	* Payroll Deduction: \$45.45 Bi-Weekly
Full Name (Last, First, Middle Initial) Christopher Stenger Mailing Address 9914 Kershope Forest Ct City Spring TX	•	Date of Receipt 09 08 2014 Transaction ID : C2821814 Amount of Each Receipt this Period
SavaSeniorCare Admin Svcs LLC VP, F	pation Reimbursement egate Year-to-Date ▼ 250.00	250.00
SUBTOTAL of Receipts This Page (optional)		590.90
TOTAL This Period (last page this line number only)		

	FOR LINE NUMBER:	PAGE	24
Use separate schedule(s) for each category of the	(check only one)		
Detailed Summary Page	X 11a 11b 1	11c	12
	12 14	15	146

		1.0
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persibe name and address of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Nicholas Thisse Mailing Address 80 Access Rd City Norwood FEC ID number of contributing federal political committee. Name of Employer Rehab Associates Receipt For: Primary General Other (specify)	State Zip Code MA 02062 C Occupation Owner Aggregate Year-to-Date ▼	Date of Receipt 99 17 2014 Transaction ID: C2826178 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) James W. Unverferth Mailing Address 1100 Shawnee Rd City Lima FEC ID number of contributing federal political committee. Name of Employer HCF Management, Inc. Receipt For: Primary General Other (specify) Other (specify)	State Zip Code OH 45805-3529 C Occupation President & CEO Aggregate Year-to-Date ▼ 3750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Peter Van Runkle Mailing Address 55 Green Meadows Drive S City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Ohio Health Care Association Receipt For: Primary General Other (specify)	State Zip Code OH 43035 C Occupation Associate Executive Aggregate Year-to-Date ▼	Date of Receipt 09 20 2014 Transaction ID : C2828530 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional).	<u>·</u>	2500.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 25 OF 61

021,	Use separate schedule(s)	_				•	.,	 	 <u> </u>
	for each category of the	(cr	neck onl	y or	ie)				
	Detailed Summary Page	>	X 11a		11b		11c	12	
			13		14		15	16	17
			for the				II a latina an	 	

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Robert L. Wehner Mailing Address 4935 Lafayette Plain City Rd.		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City London FEC ID number of contributing federal political committee. Name of Employer Wesley Glen	State Zip Code OH 43140 C Occupation Chief Financial Officer	Transaction ID : C2817917 Amount of Each Receipt this Period 206.25
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 481.25	
Full Name (Last, First, Middle Initial) Maureen Wern Mailing Address 140 Kingston Court, NE		Date of Receipt 09 08 2014
City Warren FEC ID number of contributing federal political committee.	State Zip Code OH 44484	Transaction ID : C2852600 Amount of Each Receipt this Period 250.00
Name of Employer Wern & Associates, Inc. Receipt For: Primary General	Occupation President Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Nile Whitney Mailing Address 3448 Hidden Valley Rd.	250.00	Date of Receipt
City Long Grove FEC ID number of contributing federal political committee.	State Zip Code IL 60047	09 23 2014 Transaction ID : C2831912 Amount of Each Receipt this Period 25.00
Name of Employer Medline Industries Receipt For: Primary General Other (specify) ▼	Occupation Sales Manager Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)	•	481.25
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER: PAGE 26 OF	61
Use separate schedule(s) for each category of the	(check only one) X 11a 11b 11c 12	
Detailed Summary Page	13 14 15 16	17

	g the name and address of any political committee	
, ,	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Harmony House LLC		Date of Receipt
Mailing Address PO Box 829		09 17 2014
City	State Zip Code	Transaction ID : C2826381
Brewster	WA 98812	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial) 3. Jerry R. Tretwold	1	Date of Receipt
Mailing Address PO Box 829		09 17 2014
City	State Zip Code	Transaction ID : C2826382
Brewster	WA 98812-0829	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Harmony House Health Care Center	Occupation Owner/ Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial) Plantation Management Co., I	LC	Date of Receipt
Mailing Address 301 Veterans Blvd.		09 23 2014
City	State Zip Code	Transaction ID : C2831922
Denham Springs	LA 70726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	PARTNERSHIPpartners below if itemized
		F275 00
	al)	5375.00
TOTAL This Period (last page this line nur	nber only)	

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

61

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Buster Quirk Date of Receipt Mailing Address 301 Veterans Boulevard 2014 23 City State Zip Code Transaction ID: C2831923 **Denham Springs** LA 70726 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Plantation Management Corporation, LLC Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Pilgrim River, LLC Date of Receipt Mailing Address 393 Amwell Rd DBA The Avalon at Hillsborough 09 23 2014 City Zip Code State Transaction ID: C2831925 NJ Hillsborough 08844-1249 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donald Pelligrino Date of Receipt Mailing Address 393 Amwell Road 2014 09 23 City State Zip Code Transaction ID: C2831926 NJ Hillsborough 08844 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation CEO/Owner Bridgeway Senior Healthcare Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 1001.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

9

	FOR LIN	iE NUI	MBER	:	PAGE	: 2	28 (OF
Use separate schedule(s)	(check o	nly on	e)					
for each category of the Detailed Summary Page	X 11a		11b		11c		12	
= , . 	13		14		15		16	Γ

61

ation Political Action Committee	
ater State Zip Code NJ 08807	Date of Receipt 09 23 2014 Transaction ID: C2831927 Amount of Each Receipt this Region
Occupation	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date ▼ 500.00	PARTNERSHIPpartners below if itemized
	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
State Zip Code NJ 08807 C Occupation	Transaction ID : C2831928 Amount of Each Receipt this Period 500.00
Owner/CIO Aggregate Year-to-Date ▼ 500.00	[MEMO ITEM] *
State Zip Code CO 80104	Date of Receipt 09 08 2014 Transaction ID : C2852602 Amount of Each Receipt this Period
Occupation	1500.00
	Occupation Aggregate Year-to-Date ▼ State Zip Code NJ 08807 C Occupation Owner/CIO Aggregate Year-to-Date ▼ 500.00 State Zip Code NJ 08807 C C C C C C State Zip Code NJ 08807 C C C C C State Zip Code NJ 500.00

FOR LINE NUMBER: PAGE 29 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

61

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) DeVona K. Schumann Date of Receipt Mailing Address PO Box 1387 08 2014 09 City Zip Code State Transaction ID: C2852605 CO Castle Rock 80104 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Brookside Inn Managing Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frederick A. Schumann Date of Receipt Mailing Address PO Box 1387 09 80 2014 City State Zip Code Transaction ID: C2852603 CO Castle Rock 80104 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. SSWL, LLC Date of Receipt Mailing Address DBA Bamboo Castle Consulting 80 2014 2015 South Emerson St. 09 City State Zip Code Transaction ID: C2852606 CO Denver 80210 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 1000.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

61

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Sarah C. Schumann Date of Receipt Mailing Address 2015 S. Emerson Street 80 2014 City Zip Code State Transaction ID: C2852607 CO Denver 80210 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Vice President of Operations Brookside Inn Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... 61177.31 TOTAL This Period (last page this line number only).....

ľ

SCHEDULE B (FEC Form 3X)		FOR LINE I	PAGE 31 OF 61				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b			
Any information copied from such Reports and Stater	ents may not be sold or use						
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
American Health Care Association	Political Action Com	nmittee					
Full Name (Last, First, Middle Initial)			5				
A. American Express			Date of Disburseme	ent			
Mailing Address PO Box 53773	09 08	2014					
,	State Zip Code		Transaction ID : [1162289			
Phoenix Purpose of Disbursement	AZ 85072-3773		Transaction is . E	7102200			
Credit Card Processing Fees			Amount of Each Dis	sbursement this Period			
Candidate Name		Category/		160.00			
Office Sought: House Disburser	aant Far:	Туре		100.00			
Office Sought: House Disburser Senate	Primary General						
President	Other (specify)						
State: District:	•						
Full Name (Last, First, Middle Initial)							
B. American Express	American Express						
Mailing Address DO Day 52772			09 09	2014			
Mailing Address PO Box 53773			09 09	2014			
City S Phoenix	State Zip Code AZ 85072-3773		Transaction ID : [D162290			
Purpose of Disbursement	63072-3773						
Credit Card Processing Fees		: :	Amount of Each Dis	sbursement this Period			
Candidate Name		Category/		80.00			
Office Sought: House Disburser		Туре		00.00			
Office Sought: House Disburser Senate	nent For: Primary General						
President	Other (specify)						
State: District:	, , , , , , , , , , , , , , , , , , ,						
Full Name (Last, First, Middle Initial)							
C. American Express			Date of Disburseme	ent			
Mailing Address PO Box 53773			09 15	2014			
Mailing Address PO BOX 33//3		00 10	2014				
City	City State Zip Code						
Phoenix	Phoenix AZ 85072-3773						
Purpose of Disbursement Credit Card Processing Fees							
Candidate Name	Category/	Amount of Each Dis	sbursement this Period				
		Type		2.40			
Office Sought: House Disburser				,			
Senate	Primary General						
State: President State:	Other (specify) ▼						
State. District.							
SUBTOTAL of Disbursements This Page (optional)				242.40			
COSTOTAL OF DISDUISEMENTS THIS Page (optional)		·····					
TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 32 OF 61						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE I	TOMBETT.						
II LIVIIZED DISBURSEIVIEN IS	for each category of the	X 21b	22 23 24 25 26						
	Detailed Summary Page	27	28a 28b 28c 29 30b						
Any information copied from such Reports and State	nents may not be sold or use	d by any nerso	on for the purpose of soliciting contributions						
or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
American Health Care Association	Political Action Com	mittee							
/ /inchear ricaiti Gare / 3300iation	1 Ollitodi / totiori Com	mittee							
Full Name (Last, First, Middle Initial)									
A. American Express	Date of Disbursement								
<u> </u>	M = M / D = D / Y = Y = Y								
Mailing Address PO Box 53773			09 16 2014						
Other	25. O. d.								
City Phoenix	State Zip Code AZ 85072-3773		Transaction ID : D162293						
Purpose of Disbursement	AZ 85072-3773								
Credit Card Processing Fees			Amount of Each Disbursement this Period						
Candidate Name		Catanani							
		Category/ Type	3.20						
Office Sought: House Disburse	ment For:	.76.2	7						
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
B. American Express			Date of Disbursement						
			M = M / D = D / Y = Y = Y						
Mailing Address PO Box 53773		09 17 2014							
011									
City Phoenix	State Zip Code AZ 85072-3773		Transaction ID : D162294						
Purpose of Disbursement	AZ 0301Z-3113								
Credit Card Processing Fees			Amount of Each Disbursement this Period						
Candidate Name		Category/							
		Type	64.00						
Office Sought: House Disburse	ment For:								
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
C. American Express			Date of Disbursement						
M. W. A.I.I. 200			M M / D D / Y Y Y Y						
Mailing Address PO Box 53773			09 22 2014						
City	State Zip Code								
Phoenix	AZ 85072-3773		Transaction ID : D162295						
Purpose of Disbursement									
Credit Card Processing Fees			Amount of Each Disbursement this Period						
Candidate Name		Category/	35 30						
		Type	35.20						
	ment For:								
Senate	Primary General								
President Pictriot:	Other (specify) ▼								
State: District:									
			102.40						
SUBTOTAL of Disbursements This Page (optional)		·····•	102.40						
TOTAL This Period (last page this line number only									

S ľ

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE			GE 3	3 0	F	61						
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the)	(check only one)											
			Summary Page		×	21b		22		23		24		25		26
						27		28a		28b		28c		29	Ш	30b
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam															
\setminus	NAME OF COMMITTEE (In Full)															
	American Health Care Association	Politica	I Action Cor	mm	ittee)										
_	Full Name (Last, First, Middle Initial)															
Α.	American Express								of Dis	sburse			Y	Υ	Υ	
	Mailing Address PO Box 53773						Ŀ	09 23 2014								
	City	State	Zip Code				т	rane	sact	ion ID	ı · n	16229	6			
	Phoenix Dispussed of Dispussement	AZ	85072-3773				•		Juot	.0		10225	•			
	Purpose of Disbursement Credit Card Processing Fees						An	noun	it of	Each	Dis	bursen	nent th	his P	erio	d
	Candidate Name			С	atego Type	ry/		Ι	Ι	,		,		8.	00	
	Office Sought: House Disbursen	nent For:														
		Primary	General													
	State: District:	Other (spe	city) 🔻													
_																
B	Full Name (Last, First, Middle Initial) American Express						Da	nte o	f Di	sburse	eme	nt				
٠.	American Express							M M			D		Y	V	V	
	Mailing Address PO Box 53773							09			24	/ 1	201			
		State	Zip Code				Transaction ID : D162297									
	Phoenix Purpose of Disbursement	AZ	85072-3773													
	Credit Card Processing Fees						An	noun	t of	Each	Dis	bursen	nent th	his P	erio	d
	Candidate Name			С	atego Type	ry/			Ξ	,		,		120	.00	
	Office Sought: House Disbursen	nent For:														
		Primary	General													
	State: President District:	Other (spe	cify) 🔻													
	Full Name (Last, First, Middle Initial)															
C.	American Express						Da	ite o	f Di	sburse	eme	nt				
							IV	M	/	D		/ Y	Y		Υ	
	Mailing Address PO Box 53773							09	-	2	25		201	4	-	
	City	State	Zip Code					ran	sact	ion ID	٠ · D	16229	0			
		AZ	85072-3773					Ian	saci	IOII IL	, . D	10225	D			
	Purpose of Disbursement Credit Card Processing Fees															
	Candidate Name						An	Amount of Each Disbursement t				nent th	his P	erio	d	
	Candidate Name			С	atego Type	ry/								12.	52	П.
	Office Sought: House Disbursen	nent For:			, ype					7		7	_			-
		Primary	General													
	President	Other (spe	cify) 🔻													
	State: District:															
s	UBTOTAL of Disbursements This Page (optional)						Γ					-	-	140.	52	
\vdash							F	÷	÷	7		7	\Rightarrow	-	Ŧ	=
Т	OTAL This Period (last page this line number only)					•				,		- 7		_		

SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 34 OF 61					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b				
Any information conied from such Departs and Chil	omente may not be cald as							
Any information copied from such Reports and Stat or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)								
American Health Care Associatio	n Political Action Com	nmittee						
Full Name (Last, First, Middle Initial)			Data of Diskums					
A. American Express			Date of Disbursemer	/ Y Y Y Y				
Mailing Address PO Box 53773			09 26 2014					
City	State Zip Code		Transaction ID : D1	162300				
Phoenix	AZ 85072-3773		mansacuon ib . Di	02000				
Purpose of Disbursement Credit Card Processing Fees			Amount of Each Disk	oursement this Period				
Candidate Name		Category/ Type		0.64				
	ement For:							
Senate	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. American Express			Date of Disbursemer	nt				
			M = M / D = D	/ Y Y Y Y Y				
Mailing Address PO Box 53773		09 29	2014					
City Phoenix	State Zip Code AZ 85072-3773		Transaction ID : D	162301				
Purpose of Disbursement Credit Card Processing Fees			Amount of Each Disk	oursement this Period				
Candidate Name		Category/ Type	7	13.60				
Office Sought: House Disburs	ement For:							
Senate	Primary General							
State: President District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C. American Express			Date of Disbursemer					
Mailing Address PO Box 53773		09 30	2014					
City		Transaction ID : D						
Phoenix								
Purpose of Disbursement Credit Card Processing Fees								
Candidate Name	Category/ Type	Amount of Each Disbursement this Pe						
Office Sought: House Disburs	ement For:	iype		7				
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)		·····	7	26.24				
TOTAL This Period (last page this line number on	y)			7				

ľ

	CHEDULE B (FEC Form 3X)	Hoo see	arata cabadula/-\					GE 35	OF 61				
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	s) (check only one)			25	<u>26</u>					
			Summary Page	2		2 8a	28b	28c	29	30k			
	ny information copied from such Reports and Staten												
or	for commercial purposes, other than using the name	ne and add	ress of any polition	cal committee	e to solici	cont	ribution	s from suc	ch comm	ittee.			
$ \setminus $	NAME OF COMMITTEE (In Full)	D 1141		•••									
//	American Health Care Association	Politica	I Action Cor	nmittee									
_	Full Name (Last, First, Middle Initial)				Date	()	D: - I						
Α.	BB&T Merchant Services			Disburs									
	Mailing Address PO Box 200					09 15 2014							
	,	State	Zip Code		т.	anca	ction IF) : D16228	7				
	Wilson	NC	27894-0200			ansa	Ction in	. 510220					
	Purpose of Disbursement Credit Card Processing Fees				Am	ount (of Each	Each Disbursement this Period					
	Candidate Name			Category/		-			4:	59.68			
	Office Sought: House Disbursen	nent For		Туре			7	7					
		Primary	General										
	President	Other (spe	cify) 🔻										
_	State: District:												
В	Full Name (Last, First, Middle Initial)				D	1	:						
В.	BB&T						Disburse						
	Mailing Address 1099 New York Ave NW Ste 100		M	09 22 2014									
	City S Washington	State DC	Zip Code 20001-4452		т	Transaction ID : D162278							
	Purpose of Disbursement		20001-4432		-								
	Bank Fees				Am	ount (of Each	Disburse	ment this	s Period			
	Candidate Name			Category/ Type			4		3	14.64			
	Office Sought: House Disbursen	nent For:		.,,,,									
		Primary	General										
		Other (spe	cify) 🔻										
_	State: District:												
C.	Full Name (Last, First, Middle Initial) BB&T				Dat	e of I	Disburse	ement					
					M	M	/ D	D / Y	YYY	Y			
	Mailing Address 1099 New York Ave NW Ste 100		09	2	22	2014							
	City State Zip Code						otion IT) . D16227	······				
	Washington DC 20001-4452						CUON IL) : D16227	3				
	Purpose of Disbursement Bank Fees												
	Candidate Name			Category/ Type	-	ount (of Each	Disburse	-	60.56			
	Office Sought: House Disbursen	nent For:		1,700			7	,					
	Senate	Primary	General										
		Other (spe	cify) 🔻										
	State: District:												
5	SUBTOTAL of Disbursements This Page (optional)				. Г		/m.		83	34.88			
\vdash					- =		7	7		10.11			
1	OTAL This Period (last page this line number only)				. L		7		134	46.44			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 36 OF 61							
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NOMBER:							
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 📗 25 📗 26							
]	27	28a 28b 28c 29 30b							
Any information copied from such Reports and State or for commercial purposes, other than using the na										
	me and address of any poil	licai committee to	solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	Dolitical Action Co	mmittaa								
American Health Care Association	i Political Action Co	mmuee								
Full Name (Last, First, Middle Initial)										
A. ALAMO PAC			Date of Disbursement							
	_		M = M / D = D / Y = Y = Y							
Mailing Address 919 CONGRESS AVE SUITE 140 FROST BANK PLAZA	00		09 23 2014							
City	State Zip Code		+							
AUSTIN	TX 78701		Transaction ID : D161394							
Purpose of Disbursement Contribution										
Candidate Name			Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	2500.00							
Office Sought: House Disburse	ment For:	туре								
Senate	Primary General									
President	Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial)			Data of Dishuranment							
B. CITIZENS FOR BOYLE			Date of Disbursement							
Mailing Address PO BOX 11545			09 16 2014							
City	State Zip Code		Transaction ID : D161133							
Philadelphia Purpose of Disbursement	PA 19116									
Contribution			Amount of Each Disbursement this Period							
Candidate Name		Category/								
Brendan F. Boyle		Type	1000.00							
	ment For: 2014									
Senate	Primary General									
President State: PA District: 13	Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
c. COMMON SENSE COLORADO			Date of Disbursement							
Mailing Address PO Box 1978			09 09 2014							
City	State Zip Code									
Denver	CO 80201-1978		Transaction ID : D160869							
Purpose of Disbursement										
Contribution			Amount of Each Disbursement this Period							
Candidate Name		Category/	2500.00							
Office Sought: House Disburse	ment For:	Туре								
Senate Sought.	Primary General									
President	Other (specify) ▼									
State: District:	· ·									
SUBTOTAL of Disbursements This Page (optional)		·····	6000.00							
TOTAL This Deviced (less name this line name) or										
TOTAL This Period (last page this line number only	')									

Use separate schedule(s) Check only one) Check one) Chec	SCHEDULE B (FEC Form 3X)				FOR LINE	FOR LINE NUMBER: PAGE 37 OF 61							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicing contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) A. DONALD NORCROSS FOR CONGRESS Mailing Address P0 B0X 180 City Statu Zp Code NJ 08108 Transaction ID : D161031 Amount of Each Disbursement Contribution Candidate Name DONALD W NORCROSS Office Sought: President Principle of Disbursement For: 2014 State: NJ District: 01 Full Name (Last, First, Middle Initial) B. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD 4412 City State: State: TL Disbursement For: 2014 Purpose of Disbursement Cartification Candidate Name Rep. Patrick Murphy Office Sought: President Disbursement For: 2014 Principle of Disbursement Category Type Office Sought: Plants Middle Initial) Full Name (Last, First, Middle Initial) Principle of Disbursement Category Type Office Sought: President Disbursement For: 2014 Principle of Disbursement Category Type Office Sought: President Disbursement For: 2014 State: FL Disburst: 18 Full Name (Last, First, Middle Initial) Principle of Disbursement Category Type Office Sought: President Disbursement For: 2014 State: FL Disbursement Category Transaction ID: D160939 Amount of Each Disbursement Category Transaction ID: D160930 Amount of Each Disbursement Initial Disbursement For: 2014 Senate Purpose of Disbursement Contribution Category Type Office Sought: President Disbursement For: 2014 Senate Disbursement Other (specify) Principle General Other (specify) Princi	ITI	EMIZED DISBURSEMENTS			(check only	one)							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middel Initial) A DONALD NORCROSS FOR CONGRESS Mailing Address PO BOX 160 City State Zp Code Collingswood Nu 08108 Purpose of Disbursement Contribution Condiction Name DONALD W NORCROSS Office Sought: Version of Disbursement For: 2014 State: Nu District: 01 Full Name (Last, First, Middel Initial) B. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD, 2412 City Pelm Bacard Cardens Friesdent Contribution Cardidate Name Cardidate Name Donald William Primary State: Zp Code FL 33418 Friends Category/ Type Transaction ID: D160898 Amount of Each Disbursement Contribution Category/ Type Transaction ID: D160898 Amount of Each Disbursement Contribution Category/ Type Transaction ID: D160898 Transaction ID: D160898 Amount of Each Disbursement Contribution Category/ Type Transaction ID: D160898 Transaction ID: D160898 Amount of Each Disbursement Contribution Category/ Type Transaction ID: D160898 Transaction ID: D160898 Transaction ID: D160898 Amount of Each Disbursement Contribution Category/ Type Transaction ID: D160898 Transaction ID: D160890 Amount of Each Disbursement Disburseme													
and for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pair)	_												
American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) A DONALD NORCROSS FOR CONGRESS Mailing Address PO BOX 160 City State Zip Code Collingswood NJ 08108 Purpose of Disbursement Contribution Candidate Name DONALD W NORCROSS Office Sought: House State President Primary General Pri													
Full Name (Last, First, Middle Initial) A. DONALD NORCROSS FOR CONGRESS Mailing Address PO BOX 160 City State Zip Code Collingswood NJ 08108 Purpose of Disbursement Contribution Candidate Name DONALD W NORCROS Office Sought: House Senate President Initial) B. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD, #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement For: 2014 Senate President State: FL District: 18 Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD, #412 City State: FL District: 18 President President President Primary General Primary Gener	\setminus	NAME OF COMMITTEE (In Full)											
A. DONALD NORCROSS FOR CONGRESS Mailing Address PO BOX 160 City State Zip Code Collingswood NJ 08108 Purpose of Disbursement Contribution Candidate Name DONALD W NORCROSS Office Sought: House President Primary General Primary State NJ District: 101 Full Name (Last, First, Middle Initial) B. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City Senate President State: FL Disbursement For: 2014 Rep. Patrick Murphy Office Sought: House Clast, First, Middle Initial) Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City Senate President Cherk Flower Category Type Category Type Office Sought: Amount of Each Disbursement This Period Candidate Name Rep. Patrick Murphy Office Sought: Senate President Cherk Flower Type City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State: FL District: 18 C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA	\rangle		Politica	l Action Con	nmittee								
City	_	, , , , , , , , , , , , , , , , , , , ,				Б.							
Mailing Address PO BOX 160 City City State Zip Code Cardidate Name Pondal D W NORCROS Office Sought:	Α.	DONALD NORCROSS FOR CONC	3RESS				_						
Colingswood Purpose of Dibbursement Contribution Candidate Name DONALD W NORCROSS Office Sought:		Mailing Address PO BOX 160											
Collegeory/ Purpose of Disbursement Contribution Condidate Name DONALD W NORCROSS Office Sought:		City	State	Zip Code		T	antina ID	D4C4024					
Contribution Candidate Name DONALD W NORCROSS Office Sought: House Senate Primary General President State: NJ District: 01 Full Name (Last, First, Middle Initial) B. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: House Senate Primary General Primary General President State: FIR District: 18 Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Transaction ID: D160898 Amount of Each Disbursement this Period Transaction ID: D160898 Amount of Each Disbursement this Period Transaction ID: D160898 Transaction ID: D160898 Amount of Each Disbursement this Period Transaction ID: D160898 Transaction ID: D160898 Amount of Each Disbursement this Period Category/ Type Transaction ID: D160898 Transaction ID: D160898 Amount of Each Disbursement Category/ Type Office Sought: Amount of Each Disbursement this Period Candidate Name Rep. Patrick Murphy Office Sought: Amount of Each Disbursement this Period Candidate Name Rep. Patrick Murphy Office Sought: Amount of Each Disbursement this Period Category/ Type Transaction ID: D160903 Amount of Each Disbursement this Period Category/ Type Transaction ID: D160903 Amount of Each Disbursement this Period Category/ Type Transaction ID: D160903 Transaction ID: D160903 Amount of Each Disbursement this Period Category/ Type Transaction ID: D160903 Transac			NJ	08108		irans	action ID:	D161031					
DONALD W NORCROSS Office Sought: House Snarte President Primary General President Primary President President President Primary President Presid						Amoun	t of Each [Disbursement this Period					
Office Sought:					Category/			3500.00					
Senate President Other (specify) Full Name (Last, First, Middle Initial) B. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: State In District: 18 Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City Senate Primary General Other (specify) Transaction ID : D160898 Amount of Each Disbursement this Period Transaction ID : D160898 Transaction ID : D160898 Amount of Each Disbursement this Period Tother (specify) Date of Disbursement Transaction ID : D160898 Transaction ID : D160898 Amount of Each Disbursement Contribution Candidate Name FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: House Senate Primary General Primary General President Senate President Other (specify) Transaction ID : D160903 Amount of Each Disbursement this Period Category/ Type Transaction ID : D160903 Amount of Each Disbursement this Period Category/ Type State: FL District: 18 Substotal of Disbursements This Page (optional)							7	2500.00					
B. FRIENDS OF PATRICK MURPHY Mailling Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: Senate Primary Other (specify) ▼ Transaction ID: D160898 Amount of Each Disbursement this Period Disbursement For: 2014 Senate Primary General Other (specify) ▼ Date of Disbursement this Period Transaction ID: D160898 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: D160898 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: D160898 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: D160898 Amount of Each Disbursement this Period Date of Disbursement Office Sought: Transaction ID: D160903 Amount of Each Disbursement this Period Cardidate Name Rep. Patrick Murphy Office Sought: House Senate Primary General Other (specify) ▼ Substortal of Disbursements This Page (optional)		Senate President	Primary	X General									
B. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: House President State: FL District: 18 Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement For: 2014 Mailing Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: House Senate Primary General Other (specify) ▼ State: FL District: 18 Substortal of Disbursement For: 2014 Primary General Other (specify) ▼ State: FL District: 18 Substortal of Disbursement This Page (optional)													
Mailing Address 4521 PGA BLVD. #412 City State FL 33418 Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State Zip Code FL 33418 Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State Zip Code Primary General Other (specify) ▼ Transaction ID : D160898 Amount of Each Disbursement this Period Date of Disbursement Transaction ID : D160998 Amount of Each Disbursement this Period Transaction ID : D160908 Amount of Each Disbursement Category/ Type Transaction ID : D160903 Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ State: FL District: 18 Subtotal of Disbursement this Period State: FL District: 18		,				Data	(D'ala						
Mailing Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: Senate President State: FL District: 18 Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: Senate Primary General Office Sought: Transaction ID: D160903 Transaction ID: D160903 Amount of Each Disbursement Transaction ID: D160903 Transaction ID: D160903 Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Office Sought: Senate Primary General Office Sought: Office Sought: Office Sought: Office Sought: Senate Primary General Office Sought: Senate Primary Gen	В.	FRIENDS OF PATRICK MURPHY					_						
Palm Beach Gardens Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: State: FL District: 18 Full Name (Last, First, Middle Initial) City Palm Beach Gardens Purpose of Disbursement Contribution Date of Disbursement Transaction ID: D16093 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Date of Disbursement Date of Disbursement Transaction ID: D16093 Transaction ID: D16093 Amount of Each Disbursement this Period Date of Disbursement Transaction ID: D160903 Transaction ID: D160903 Amount of Each Disbursement Category/ Type Contribution Contribution Category/ Type Contribution Contribution Category/ Type Contribution Category/ Type Contribution C		Mailing Address 4521 PGA BLVD. #412											
Contribution Candidate Name Rep. Patrick Murphy Office Sought:						Trans	saction ID :	: D160898					
Candidate Name Rep. Patrick Murphy Office Sought: House													
Rep. Patrick Murphy Office Sought: House Senate President President Other (specify) State: FL District: 18 Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: House Senate President Primary General Primary General Other (specify) State: FL District: 18 Substortal of Disbursements This Page (optional)						Amoun	t of Each D	Disbursement this Period					
Office Sought:								1000.00					
Senate President Other (specify) State: FL District: 18 Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: House Senate President State: FL District: 18 Subtotal of Disbursements This Page (optional)			nent For	2014	туре		,						
State: FL District: 18 Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: House Senate President State: FL District: 18 Substoral Amount of Each Disbursement This Page (optional)													
Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State Zip Code PL 33418 Purpose of Disbursement Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: House Senate President State: FL District: 18 Subtotal of Disbursements This Page (optional)			-										
City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: House Senate President State: FL District: 18 Subtotal of Disbursements This Page (optional)		State: FL District: 18											
Mailing Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Category/ Type Rep. Patrick Murphy Office Sought: House Senate Primary General Other (specify) ▼ State: FL District: 18 Subtotal of Disbursements This Page (optional)		Full Name (Last, First, Middle Initial)											
City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: House Senate President State: FL District: 18 SUBTOTAL of Disbursements This Page (optional)	C.	FRIENDS OF PATRICK MURPHY				Date of	f Disbursen	nent					
City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought:		Moding Address 4504 DOA DIVID #440											
Palm Beach Gardens Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: Senate President State: FL District: 18 FL 33418 Amount of Each Disbursement this Period Category/ Type Category/ Type Category/ Type Category/ Type Seneral Other (specify) Subtrotal of Disbursements This Page (optional)		inaling Address 4521 PGA BLVD. #412				09	09	2014					
Palm Beach Gardens Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: Senate President State: FL District: 18 FL 33418 Amount of Each Disbursement this Period Category/ Type Category/ Type Category/ Type Category/ Type Seneral Other (specify) Subtrotal of Disbursements This Page (optional)		City	State	Zip Code									
Candidate Name Rep. Patrick Murphy Office Sought: Senate President State: FL District: 18 Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Category/ Type Category/ Type Condidate Name C		Palm Beach Gardens				Trans	saction ID :	160903					
Candidate Name Rep. Patrick Murphy Office Sought:													
Rep. Patrick Murphy Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) State: FL District: 18 SUBTOTAL of Disbursements This Page (optional)						Amoun	t of Each [Disbursement this Period					
Office Sought: House Senate Primary General Other (specify) State: FL District: 18 SUBTOTAL of Disbursements This Page (optional)								2000.00					
Senate Primary General Other (specify) ▼ State: FL District: 18 SUBTOTAL of Disbursements This Page (optional)			ent For	2014	туре		7						
State: FL District: 18 SUBTOTAL of Disbursements This Page (optional)													
SUBTOTAL of Disbursements This Page (optional)			•										
SUBTOTAL OF DISDUISEMENTS THIS Fage (Optional)		State: FL District: 18	` '	- · ·									
SUBTOTAL OF DISDUISEMENTS THIS Fage (Optional)						_							
TOTAL This Period (last page this line number only)	s	UBTOTAL of Disbursements This Page (optional)			·····	L		5500.00					
	T	OTAL This Period (last page this line number only)											

SCHEDULE B (FEC Form 3X)		FOR LINE N	R LINE NUMBER: PAGE 38 OF 61						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27							
Any information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
American Health Care Association	Political Action Com	mittee							
Full Name (Last, First, Middle Initial)		- D.A.O.\	Date of Dicharasant						
A. JOBS, OPPORTUNITIES AND ED	UCATION, PAC (JOI	E-PAC)	Date of Disbursement						
Mailing Address 84-54 Grand Avenue			09 02 2014						
•	State Zip Code		Transaction ID : D160750						
Elmhurst	NY 11373		Transaction ib . D 100730						
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/ Type	4000.00						
	nent For: Primary General Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
3. LEADERSHIP OF TODAY AND TO	DMORROW		Date of Disbursement						
Mailing Address 607 14TH STREET NW SUITE 80	0		09 09 2014						
City S WASHINGTON	State Zip Code DC 20005		Transaction ID : D160891						
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period						
Candidate Name	,	Category/ Type	4000.00						
President	nent For: Primary General Other (specify)								
State: District: Full Name (Last, First, Middle Initial)									
LOEBSACK FOR CONGRESS			Date of Disbursement						
Mailing Address PO Box 3013			09 18 2014						
City Solowa City	State Zip Code IA 52244		Transaction ID : D161296						
Purpose of Disbursement	ı								
Contribution Candidate Name		Category/	Amount of Each Disbursement this Period						
Rep. Dave Loebsack		Type	2500.00						
Office Sought: House Disbursen Senate President	nent For: 2014 Primary								
State: IA District: 02									
SUBTOTAL of Disbursements This Page (optional)			10500.00						
TOTAL This Period (last page this line number only)									

SCHEDULE B (FEC Form 3X)			EOD LINE	FOR LINE NUMBER: PAGE 39 OF 61							
	DISBURSEMENTS	Use separate schedule(s	(check only	NOMBER:							
		for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26							
		age	27	28a 28b 28c 29 30b							
				on for the purpose of soliciting contributions							
		ne and address of any polit	ical committee to	solicit contributions from such committee.							
l \	COMMITTEE (In Full)										
/ Americ	an Health Care Association	Political Action Co	mmittee								
/ Full Name	(Last, First, Middle Initial)										
	FRANKEL FOR CONGRESS	3		Date of Disbursement							
				M M / D D / Y Y Y Y							
Mailing Ad	dress P.O. BOX 775			09 12 2014							
City		State Zip Code									
West Palm		FL 33402		Transaction ID : D161033							
	f Disbursement										
Contribut	ion			Amount of Each Disbursement this Period							
Candidate			Category/	1000.00							
	ois Frankel		Type	1000.00							
Office Sou		ment For: 2014									
	Senate President	Primary									
State: F	FL District: 22	Curior (appearly)									
Full Name	(Last, First, Middle Initial)										
B. Andy 7	Tobin for Congress			Date of Disbursement							
				M M / D D / Y Y Y Y							
Mailing Ad	dress 2532 N. 4th Street			09 09 2014							
City	#528	State Zip Code									
Flagstaff		AZ 86004		Transaction ID : D160893							
Purpose o	f Disbursement										
Contribut				Amount of Each Disbursement this Period							
Candidate			Category/	1000.00							
Office Sou	v M Tobin	ment For: 2014	Туре	7							
Office 300	ght: House Disburser Senate	Primary Seneral									
	President	Other (specify)									
State:	AZ District: 01	•									
Full Name	(Last, First, Middle Initial)										
C. Braley	for Iowa			Date of Disbursement							
				M M / D D / Y Y Y Y							
Mailing Ad	ldress P.O. Box 856			09 12 2014							
City		State Zip Code									
Des Moine		IA 50304		Transaction ID : D161023							
Purpose o	f Disbursement										
Candidate				Amount of Each Disbursement this Period							
Bruce			Category/	5000.00							
Office Sou		ment For: 2014	Type								
	Senate	Primary Seneral									
	President	Other (specify) ▼									
State:	A District:										
				7000.00							
SUBTOTAL	of Disbursements This Page (optional)		·····	7000.00							
TOTAL This	Period (last page this line number and)										
I IOIAL IIIS	Period (last page this line number only)	J									

SCHEDULE B (FEC Form 3X)	Lies concrete cohedule(s)				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	22 🗶 23	24 25 2 28c 29 3	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) American Health Care Association			SOIICH COMMUNICIES HOME	such committee.	
Full Name (Last, First, Middle Initial)					
A. PRIORITY PAC			Date of Disbursement	YYYY	
Mailing Address 12 Blue Ridge Circle			09 12	2014	
•	State Zip Code		Transaction ID : D16	1020	
Little Rock Purpose of Disbursement	AR 72207				
Contribution			Amount of Each Disbu	rsement this Period	
Candidate Name		Category/		4500.00	
000		Type	7	1500.00	
	nent For: Primary General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			D		
3. PRIORITY PAC			Date of Disbursement		
Mailing Address 12 Blue Ridge Circle			09 12	2014	
Little Rock	State Zip Code AR 72207		Transaction ID : D16	1021	
Purpose of Disbursement Contribution			Amount of Each Disbu	rsement this Period	
Candidate Name		Category/ Type	Tunidant of Eddin Blood	3500.00	
	nent For: Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) C. SCHOCK FOR CONGRESS			Date of Disbursement		
Mailing Address PO Box 10555			09 09	2014	
Peoria	State Zip Code IL 61612		Transaction ID : D16	0885	
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disbu	rsement this Period	
Candidate Name		Category/		2500.00	
Rep. Aaron Schock		Туре		2300.00	
Senate President	nent For: 2014 Primary				
State: IL District: 18					
SUBTOTAL of Disbursements This Page (optional)				7500.00	

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 41 OF 61							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)							
	Detailed Summary Page	21b	22 🗙 23 24	25 26 29 30b						
.		27	28a 28b 28c							
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan										
NAME OF COMMITTEE (In Full)										
American Health Care Association	Political Action Cor	nmittee								
Full Name (Last, First, Middle Initial)			D . (D)							
A. ADRIAN SMITH FOR CONGRESS	3		Date of Disbursement							
Mailing Address 3321 AVENUE I			09 09	2014						
SUITE 6			00 00	2011						
City	State Zip Code		Transaction ID : D1608	207						
SCOTTSBLUFF	NE 69361		Transaction iD . D1000	91						
Purpose of Disbursement Contribution			Amount of Each Disburs	ement this Period						
Candidate Name		Category/		2500.00						
Rep. ADRIAN SMITH		Type		2500.00						
Office Sought: House Disburser	nent For: 2014 Primary									
State: NE District: 03										
Full Name (Last, First, Middle Initial)										
B. ANDY HARRIS FOR CONGRESS			Date of Disbursement							
Mailing Address PO BOX 1527			09 23	2014						
ANNAPOLIS	State Zip Code MD 21404		Transaction ID : D1613	387						
Purpose of Disbursement Contribution			Amount of Each Disburs	ement this Period						
Candidate Name		Category/		1000.00						
Rep. ANDREW P HARRIS		Type		1000.00						
Office Sought: House Disburser	nent For: 2014 Primary									
Full Name (Last, First, Middle Initial)			Date of Disbursement							
C. KIRKPATRICK FOR ARIZONA										
Mailing Address PO BOX 993			09 09	2014						
City	State Zip Code		Transaction ID : D1608	204						
PRESCOTT	AZ 86302		11a113aCUUII ID . D1000	, , , ,						
Purpose of Disbursement Contribution										
Candidate Name			Amount of Each Disburs	ement this Period						
Rep. ANN KIRKPATRICK		Category/ Type		1000.00						
	nent For: 2014	.,,,,								
Senate President	Primary									
State: AZ District: 01										
SUBTOTAL of Disbursements This Page (optional)		·····	, , , ,	4500.00						
TOTAL This Period (last page this line number only)										

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 42 OF 61
TEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	,	_
		Summary Page	21b	22 🗙 23	24 25 26
			27	28a 28b	28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)	no ana ada	read of arry pointed	ar committee to	Solioit Contributions in	on such committee.
American Health Care Association	Politica	I Action Com	nmittee		
American Health Care Association	i i Oiitica	i Action Con	mmuee		
Full Name (Last, First, Middle Initial)					
^{A.} BILL JOHNSON FOR CONGRES:		IITTEE		Date of Disburseme	ent
Mailing Address D.O. DOV 44400				09 09	2014
Mailing Address P.O. BOX 14496				09 09	2014
City	State	Zip Code		Townseller ID D	2400070
POLAND	ОН	44514		Transaction ID : D	0160876
Purpose of Disbursement Contribution				Assessment of Feeds Die	diamental delle Desired
Candidate Name				Amount of Each Dis	sbursement this Period
Rep. Bill Johnson			Category/ Type		1000.00
	ment For:		Турс		
Senate	Primary	General			
President	Other (spe	cify) ▼			
State: OH District: 06					
Full Name (Last, First, Middle Initial)				Data of Diahumaana	
B. PASCRELL FOR CONGRESS				Date of Disburseme	
Mailing Address P.O. BOX 640				09 12	2014
5 1.6.267.6.6					
City	State	Zip Code		Transaction ID : D	0161016
				Hansaction iD . L	
TOTOWA	NJ	07511		Transaction ID . L	
TOTOWA Purpose of Disbursement Contribution	NJ	07511			sbursement this Period
Purpose of Disbursement	NJ	07511	Category		
Purpose of Disbursement Contribution		07511	Category/ Type		
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR.	ment For:	2014			sbursement this Period
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Disburse	ment For: Primary	2014 X General			sbursement this Period
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Senate President President	ment For:	2014 X General			sbursement this Period
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Disburse	ment For: Primary	2014 X General			sbursement this Period
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Disburse	ment For: Primary Other (spe	2014	Type		sbursement this Period 3000.00
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Disburse	ment For: Primary Other (spe	2014	Type	Amount of Each Dis	sbursement this Period 3000.00
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Disburse	ment For: Primary Other (spe	2014	Type	Amount of Each Dis	sbursement this Period 3000.00
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Senate President State: NJ District: 08 Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR. MD FO	ment For: Primary Other (spe	2014	Type	Amount of Each Dis	sbursement this Period 3000.00
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Senate President State: NJ District: 08 Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR. MD FO	ment For: Primary Other (spe	2014 ☐ General cify) ▼ NGRESS, INC Zip Code	Type	Amount of Each Dis	abursement this Period 3000.00 ent / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Senate President State: NJ District: 08 Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR. MD FO Mailing Address PO Box 80126 City Lafayette Purpose of Disbursement	ment For: Primary Other (spe	2014	Type	Date of Disburseme	abursement this Period 3000.00 ent / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Senate President State: NJ District: 08 Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR. MD FO Mailing Address PO Box 80126 City Lafayette	ment For: Primary Other (spe	2014 ☐ General cify) ▼ NGRESS, INC Zip Code	Type	Date of Disburseme	abursement this Period 3000.00 ent / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: Senate President State: NJ District: 08 Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR. MD Foundation Mailing Address PO Box 80126 City Lafayette Purpose of Disbursement Contribution Candidate Name	ment For: Primary Other (spe	2014 ☐ General cify) ▼ NGRESS, INC Zip Code	Type	Date of Disburseme	ant 2014 2014 Subursement this Period
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Senate President State: NJ District: 08 Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR. MD FO Mailing Address PO Box 80126 City Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles Boustany Jr.	ment For: Primary Other (spe	2014 ☐ General cify) ▼ NGRESS, INC Zip Code 70598	Type C.	Date of Disburseme	ant 2014 20161027
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: Senate President State: NJ District: 08 Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR. MD FO Mailing Address PO Box 80126 City Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles Boustany Jr. Office Sought: House Disburse	ment For: Primary Other (spe	2014 ☐ General Cify) ▼ NGRESS, INC Zip Code 70598	C. Category/	Date of Disburseme	ant 2014 2014 Subursement this Period
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Senate President State: NJ District: 08 Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR. MD FO Mailing Address PO Box 80126 City Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles Boustany Jr.	ment For: Primary Other (spe	2014 ☐ General Cify) ▼ NGRESS, INC Zip Code 70598 2014 ☐ General	C. Category/	Date of Disburseme	ant 2014 2014 Subursement this Period
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: Senate President State: NJ District: 08 Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR. MD FO Mailing Address PO Box 80126 City Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles Boustany Jr. Office Sought: House Senate Disburse	ment For: Primary Other (spe	2014 ☐ General Cify) ▼ NGRESS, INC Zip Code 70598 2014 ☐ General	C. Category/	Date of Disburseme	ant 2014 2014 Subursement this Period
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Disburse	ment For: Primary Other (spe	2014 ☐ General Cify) ▼ NGRESS, INC Zip Code 70598 2014 ☐ General	C. Category/	Date of Disburseme	ant 2014 2014 2500.00
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Disburse	ment For: Primary Other (spe	2014 ☐ General cify) ▼ NGRESS, INC Zip Code 70598 2014 ☐ General cify) ▼	C. Category/ Type	Date of Disburseme	ant 2014 2014 Subursement this Period
Purpose of Disbursement Contribution Candidate Name HON. WILLIAM J. PASCRELL JR. Office Sought: House Senate President	ment For: Primary Other (spe	2014 ☐ General cify) ▼ NGRESS, INC Zip Code 70598 2014 ☐ General cify) ▼	Category/ Type	Date of Disburseme	ant 2014 2014 2500.00

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 43 OF 61							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)						
	Detailed Summary Page	21b	22 🗙 23 24 25 26						
Г		27	28a 28b 28c 29 30b						
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)	, , , , , , , , ,								
American Health Care Association	Political Action Con	nmittee							
Full Name (Last, First, Middle Initial)									
A. CHARLIE DENT FOR CONGRESS	3		Date of Disbursement						
Mailing Address PO Box 442			09 09 2014						
City	State Zip Code		Transaction ID D40000						
Allentown	PA 18105		Transaction ID : D160880						
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/	2500.00						
Rep. Charlie Dent		Type	2500.00						
Office Sought: House Disbursen Senate President	nent For: 2014 Primary								
State: PA District: 15									
Full Name (Last, First, Middle Initial)									
B. CHRIS GIBSON FOR CONGRESS	5		Date of Disbursement						
Mailing Address PO Box 247			09 09 2014						
Kinderhook	State Zip Code NY 12106		Transaction ID : D160883						
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/	2500.00						
Rep. Chris Gibson		Type	2500.00						
Senate	nent For: 2014 Primary								
Full Name (Last, First, Middle Initial)									
C. FRIENDS OF DAVE REICHERT			Date of Disbursement						
Mailing Address P. O. Box 2032			09 09 / 2014						
,	State Zip Code WA 98027		Transaction ID : D160889						
Purpose of Disbursement Contribution	35027								
Candidate Name			Amount of Each Disbursement this Period						
Rep. Dave Reichert		Category/ Type	2500.00						
Office Sought: House Disbursen	nent For: 2014 Primary	1,750							
State: WA District: 08									
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			7500.00						

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 44 OF 61									
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:								
THE PRODUCTION OF THE PROPERTY	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26								
	Dotalica Gallinary i age	27	28a 28b 28c 29 30k								
Any information copied from such Reports and Stater											
or for commercial purposes, other than using the name	ne and address of any politi	cal committee to	solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Health Care Association	Political Action Cor	nmittee									
Full Name (Last, First, Middle Initial)											
A. BLUMENAUER FOR CONGRESS			Date of Disbursement								
			M M / D D / Y Y Y								
Mailing Address 830 NE Holladay, #105			09 12 2014								
City	State Zip Code										
Portland	OR 97232		Transaction ID: D161025								
Purpose of Disbursement	0.202										
Contribution			Amount of Each Disbursement this Period								
Candidate Name		Category/	2500.00								
Rep. Earl Blumenauer		Type	2500.00								
	nent For: 2014										
Senate President	Other (specify) — General										
State: OR District: 03	Other (specify) ▼										
Full Name (Last, First, Middle Initial)											
B. PERLMUTTER FOR CONGRESS			Date of Disbursement								
- ENEMOTIENT ON CONCRECO			M M / D D / Y Y Y								
Mailing Address 3440 YOUNGFIELD STREET			09 23 2014								
#264											
City S WHEAT RIDGE	State Zip Code CO 80033		Transaction ID : D161388								
Purpose of Disbursement	80033										
Contribution			Amount of Each Disbursement this Period								
Candidate Name		Category/	4500.00								
Rep. EDWIN G PERLMUTTER		Type	1500.00								
	nent For: 2014										
Senate President	Primary General										
State: CO District: 07	Other (specify) ▼										
Full Name (Last, First, Middle Initial)											
C. WHITFIELD FOR CONGRESS CO	MMITTEE		Date of Disbursement								
WINT IEED I ON CONCRECC CC			M M / D D / Y Y Y Y								
Mailing Address P.O. BOX 391			09 09 2014								
-											
City SHOPKINSVILLE	State Zip Code KY 42241		Transaction ID : D160890								
Purpose of Disbursement	42241										
Contribution			Amount of Each Disbursement this Period								
Candidate Name		Category/	2500.00								
Rep. Edward Whitfield		Type	2500.00								
	nent For: 2014										
	Primary General										
State: KY District: 01	Other (specify) ▼										
State. KI District. UI											
SUBTOTAL of Disbursements This Page (optional)			6500.00								
CODICIAL OF DISDUISEMENTS THIS Page (OPHOHAI)											
TOTAL This Period (last page this line number only)											

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 45 OF 61								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)							
	Detailed Summary Page	21b	22 🗙 23 24 25 26							
Г		27	28a 28b 28c 29 30b							
Any information copied from such Reports and Stat or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
American Health Care Associatio	n Political Action Cor	nmittee								
Full Name (Last, First, Middle Initial)			D (D)							
A. FRIENDS OF FRANK GUINTA			Date of Disbursement							
Mailing Address P.O. Box 877			09 23 2014							
City	State Zip Code		Transaction ID - D404204							
Manchester	NH 03105		Transaction ID : D161391							
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period							
Candidate Name		Category/	1000.00							
Rep. Frank Guinta	_	Туре	1000.00							
Office Sought: House Disburs Senate President	ement For: 2014 Primary									
State: NH District: 01										
Full Name (Last, First, Middle Initial)										
B. UPTON FOR ALL OF US			Date of Disbursement							
Mailing Address P.O. Box 490			09 09 2014							
City St. Joseph	State Zip Code MI 49085		Transaction ID : D160871							
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period							
Candidate Name		Category/	4000.00							
Rep. Fred Upton	_	Туре	4000.00							
Office Sought: House Disburs	ement For: 2014 Primary									
Full Name (Last, First, Middle Initial)			Date of Dishursament							
C. GREGG HARPER FOR CONGRI	=88		Date of Disbursement							
Mailing Address POST OFFICE BOX 54344			09 26 2014							
City PEARL	State Zip Code MS 39288		Transaction ID : D161586							
Purpose of Disbursement Contribution										
Candidate Name			Amount of Each Disbursement this Period							
Rep. Gregg Harper		Category/	1000.00							
	ement For: 2014	Туре								
Senate President	Primary ☐ General Other (specify) ▼									
State: MS District: 03										
SUBTOTAL of Disbursements This Page (optional)		·····	6000.00							
TOTAL This Period (last page this line number on	y)									

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 46 OF 61							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)						
	Detailed Summary Page	21b	22 🗙 23 24 25						
[27	28a 28b 28c 29						
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)	, , , ,								
American Health Care Association	Political Action Cor	nmittee							
Full Name (Last, First, Middle Initial)									
A. JIM RENACCI FOR CONGRESS			Date of Disbursement						
Mailing Address 150 Smokerise Drive			09 09 2014						
City	State Zip Code		Transaction ID - D400074						
Wadsworth	OH 44281		Transaction ID: D160874						
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/	500.00						
Rep. James B. Renacci		Type	300.00						
Senate President	ment For: 2014 Primary General Other (specify)								
State: OH District: 16									
Full Name (Last, First, Middle Initial)			Date of Disbursement						
B. FRIENDS OF JIM CLYBURN									
Mailing Address PO BOX 12567			09 12 2014						
City COLUMBIA	State Zip Code SC 29211		Transaction ID : D161028						
Purpose of Disbursement Contribution		· · ·	Amount of Each Disbursement this Period						
Candidate Name		Category/	5000.00						
Rep. James E. Clyburn		Type	5000.00						
Office Sought: House Disburse	ment For: 2014 Primary								
Full Name (Last, First, Middle Initial) C. CASTRO FOR CONGRESS			Date of Disbursement						
CASTROTOR CONGRESS			M M / D D / Y Y Y Y						
Mailing Address PO BOX 544			09 09 2014						
City SAN ANTONIO	State Zip Code TX 78292		Transaction ID : D160878						
Purpose of Disbursement Contribution	10202								
Candidate Name									
Rep. Joaquin Castro		Category/ Type	1000.00						
	ment For: 2014	Туре							
Senate President	Primary								
State: TX District: 20									
SUBTOTAL of Disbursements This Page (optional).			6500.00						
TOTAL This Period (last page this line number only	′)	•••••••••••••••••••••••••••••••••••••••							

SC	CHEDULE B (FEC Form 3X)	E B (FEC Form 3X)		FOR LINE NUMBER: PAGE 47 OF 61																
	EMIZED DISBURSEMENTS	Use separate schedule(s)		(check only one)															٠.	
		for each category of the Detailed Summary Page			21b		22				X	1		24	25		26			
					27		28a		28b		28c	29		30b						
	y information copied from such Reports and Staten																			
or	for commercial purposes, other than using the name	ne and address of any politi	cal cor	nmi	ttee t	to s	olicit co	ntrib	utions	fro	m such	comm	ittee.							
	NAME OF COMMITTEE (In Full)																			
	American Health Care Association	Political Action Cor	nmit	tee	,															
_	Full Name (Last, First, Middle Initial)					Τ														
Α.	COURTNEY FOR CONGRESS						Date o	f Dis	sburse	emer	nt									
	Martina Address and District					-	M M	/	D		/ Y	Y Y	I Y							
	Mailing Address 38 Risley Road						09	-	2	:3		2014	-							
	City	State Zip Code				+														
	Vernon	CT 06066					Trans	sacti	ion ID	: D	161389									
	Purpose of Disbursement				=	1														
	Contribution		Ι.				Amoun	t of	Each	Disl	burseme	ent this	Per	iod						
	Candidate Name		Cat	ego	ry/				-			15	00.00	,						
	Rep. Joe Courtney		Т	ype			_		7		7	13	30.00							
		ment For: 2014																		
	Senate President	Primary General																		
	State: CT District: 02	Other (specify) ▼																		
_	Full Name (Last, First, Middle Initial)					+														
B.	JOE GARCIA FOR CONGRESS						Date o	f Dis	sburse	emer	nt									
	JOL GANCIA I ON CONGINESS						Date of Disbursement													
	Mailing Address 1924 FERDINAND ST					1	09	')2	/ 1	2014	- 1							
	0 10211 211211111112 01												_							
	City	State Zip Code					Trans	sact	ion ID	. D	160748									
	CORAL GABLES	FL 33134					i i di i	Juot	.0		1001 40									
	Purpose of Disbursement Contribution		1				Amoun	+ of	Eoob	Dial	burseme	nt thi	Dor	iod						
	Candidate Name						Amoun	t OI	Lacii	DISI	burseme	ent trus	rei	lou						
	Rep. Joe Garcia		Cate	ego			١.				_	_10	00.00)						
		nent For: 2014	'	урс		+			7		,									
	Senate	Primary Seneral																		
	President	Other (specify)																		
	State: FL District: 26	•																		
	Full Name (Last, First, Middle Initial)																			
C.	LARSON FOR CONGRESS						Date o	f Dis	sburse	emer	nt									
						4	M M	7	D	D	/ Y	Y	l Y	1						
	Mailing Address 330 Main Street						09	_	0	2		2014	_							
	City	State Zip Code				+														
	Hartford	CT 06106					Trans	sacti	ion ID	: D	160746									
	Purpose of Disbursement	30,00				+														
	Contribution		1 "				Amoun	t of	Each	Disl	burseme	ent this	Per	iod						
	Candidate Name		Cat	eao	rv/		Amount of Each Disbursement this Period													
	Rep. John B. Larson			ype					,		-,	25	00.00)						
		nent For: 2014																		
	Senate	Primary General																		
	President	Other (specify) ▼																		
_	State: CT District: 01																			
												500	00.00							
Ls	UBTOTAL of Disbursements This Page (optional)				• •				7		7	300	,0.00	_						
۱,	OTAL This Period (last page this line number only)																			
ı '	VIAL THIS I CHOO (last page this line number only)								7		7		-							

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 48 OF 61									
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:								
THE PRODUCTION OF THE PROPERTY	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26								
	Dotanoa Guirinary i age	27	28a 28b 28c 29 30b								
Any information copied from such Reports and Stater											
or for commercial purposes, other than using the name	ne and address of any polition	cal committee to	solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	D !!!! A !! O	•••									
American Health Care Association	Political Action Cor	nmittee									
Full Name (Last, First, Middle Initial)											
A. LARSON FOR CONGRESS			Date of Disbursement								
			M M / D D / Y M Y M Y								
Mailing Address 330 Main Street			09 23 2014								
City	State Zip Code										
Hartford	CT 06106		Transaction ID : D161395								
Purpose of Disbursement											
Contribution			Amount of Each Disbursement this Period								
Candidate Name		Category/	2500.00								
Rep. John B. Larson Office Sought: House Disburser	nent For: 2014	Туре	7								
	Primary Seneral										
President	Other (specify)										
State: CT District: 01	•										
Full Name (Last, First, Middle Initial)											
B. FRIENDS OF JOHN BARROW			Date of Disbursement								
M. W. A. I.I			M - M / D - D / Y - Y - Y - Y								
Mailing Address PO BOX 8166			09 02 2014								
City	State Zip Code		Towns of the ID D400745								
SAVANNAH	GA 31412		Transaction ID : D160745								
Purpose of Disbursement Contribution			A (5 B)								
Candidate Name			Amount of Each Disbursement this Period								
Rep. JOHN J. BARROW		Category/ Type	5000.00								
•	nent For: 2014	Турс	, , , , , , , , , , , , , , , , , , , ,								
Senate	Primary General										
President	Other (specify) ▼										
State: GA District: 12											
Full Name (Last, First, Middle Initial)			Data of Diskumanust								
C. JOHN CARNEY FOR CONGRESS	5		Date of Disbursement								
Mailing Address PO Box 2162			09 25 2014								
State of G Box 2162											
,	State Zip Code		Transaction ID : D161386								
Wilmington Purpose of Disbursement	DE 19899		Transaction 12 1 2 10 1000								
Voided Check-Orig Dated 7/21/2014			Assessment of Early Disharm and this Bosins								
Candidate Name		Catamanut	Amount of Each Disbursement this Period								
Rep. John Carney		Category/ Type	-2500.00								
•	nent For: 2014										
Senate	Primary General										
President	Other (specify) ▼										
State: DE District: 00											
SUBTOTAL of Disbursements This Page (optional)			5000.00								
CODITION OF DISDUISEMENTS THIS Page (OPTIONAL)											
TOTAL This Period (last page this line number only)											

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 49 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER:
II LIMIZED DIODONOLIVILIANO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Botalica Gaillinary i age	27	28a 28b 28c 29 30k
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	ne and address of any politi	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		•	
American Health Care Association	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			
A. JOHN CARNEY FOR CONGRESS	3		Date of Disbursement
			M M / D D / Y Y Y
Mailing Address PO Box 2162			09 24 2014
City	State Zip Code		
Wilmington	DE 19899		Transaction ID: D161464
Purpose of Disbursement	1,1,1,1		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. John Carney		Type	2300.00
	ment For: 2014		
Senate President	Primary		
State: DE District: 00	Cirici (opcony)		
Full Name (Last, First, Middle Initial)			
B. CASTOR FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address 301 W. Platt Street #385			09 09 2014
City	State Zip Code		
Tampa	FL 33606		Transaction ID : D160901
Purpose of Disbursement			
Contribution		1 []	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Kathy Castor		Type	1000.00
Office Sought: House Disburse Senate	ment For: 2014 Primary		
President	Other (specify)		
State: FL District: 14	• • • • • • • • • • • • • • • • • • •		
Full Name (Last, First, Middle Initial)			
C. KURT SCHRADER FOR CONGR	ESS		Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO Box 3314			09 09 2014
City	State Zip Code		
Oregon City	OR 97045		Transaction ID : D160870
Purpose of Disbursement Contribution			
			Amount of Each Disbursement this Period
Candidate Name Rep. Kurt Schrader		Category/	1000.00
	ment For: 2014	Туре	9 9
Senate	Primary General		
President	Other (specify) ▼		
State: OR District: 05	- · · · · ·		
		'	
SUBTOTAL of Disbursements This Page (optional).			4500.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 50 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBELL.
II LIVIIZED DISBURSENIEN IS	for each category of the	21b	22 🔀 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30k
Any information copied from such Reports and Stater	nents may not be sold or us	sed by any nerso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			
A. LEE TERRY FOR CONGRESS			Date of Disbursement
Mailing Address BO BOY 540000			00 26 2014
Mailing Address PO BOX 540098			09 26 2014
City	State Zip Code		
OMAHA	NE 68154		Transaction ID : D161584
Purpose of Disbursement			
Contribution		<u> </u>	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. LEE TERRY	mont Fam. 22::	Туре	1000.00
Office Sought: House Disburser Senate	nent For: 2014		
Senate President	Primary		
State: NE District: 02	□o. (opoony) ▼		
Full Name (Last, First, Middle Initial)			
B. LANCE FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 225			09 09 2014
0.1	·		
City Colonia	State Zip Code NJ 07067		Transaction ID : D160886
Purpose of Disbursement	0/00/		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Leonard Lance		Type	2500.00
	ment For: 2014		
Senate	Primary General		
President President	Other (specify) ▼		
State: NJ District: 07			
Full Name (Last, First, Middle Initial) COMMITTEE TO BE ELECT LIND	14 CANOLIEZ		Date of Disbursement
C. COMMITTEE TO RE-ELECT LIND	A SANUMEZ		
Mailing Address 410 1ST ST SE			09 09 2014
	State Zip Code		Transaction ID : D160868
WASHINGTON Purpose of Dichursement	DC 20003		
Purpose of Disbursement Contribution			
Candidate Name			Amount of Each Disbursement this Period
Rep. Linda T. Sanchez		Category/ Type	1000.00
	ment For: 2014	٠,,,,	
Senate	Primary Seneral		
President	Other (specify) ▼		
State: CA District: 38			
SUBTOTAL of Disbursements This Page (optional)		·····•	4500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE	E 51 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
-	Detailed Summary Page	21b	22 🗙 23 24	25 26
Г		27	28a 28b 28c	29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Con	nmittee		
Full Name (Last, First, Middle Initial)	_		D . (D) .	
A. LYNN JENKINS FOR CONGRES	5		Date of Disbursement	
Mailing Address P.O. Box 1441				2014
City	State Zip Code		T // ID D400740	
Topeka	KS 66601		Transaction ID : D160749	
Purpose of Disbursement Contribution			Amount of Each Disburseme	ent this Period
Candidate Name		Category/		1500.00
Rep. Lynn Jenkins		Type		1300.00
Office Sought: House Disburse Senate President	ment For: 2014 Primary			
State: KS District: 02				
Full Name (Last, First, Middle Initial)				
B. MICHAEL BURGESS FOR CONG	BRESS		Date of Disbursement	YYY
Mailing Address PO Box 2334			09 23	2014
Denton	State Zip Code TX 76202		Transaction ID : D161390	
Purpose of Disbursement Contribution			Amount of Each Disburseme	ent this Period
Candidate Name		Category/		3000.00
Rep. Michael C. Burgess Office Sought: House Disburse		Туре		0000.00
Office Sought: House Disburse Senate President State: TX District: 26	ment For: 2014 Primary			
Full Name (Last, First, Middle Initial) C. FITZPATRICK FOR CONGRESS			Date of Disbursement	
o. FITZPATRICK FOR CONGRESS				YYY
Mailing Address PO Box 185			09 09	2014
City Langhorne	State Zip Code PA 19047		Transaction ID : D160882	
Purpose of Disbursement				
Contribution		L II	Amount of Each Disburseme	ent this Period
Candidate Name		Category/		2500.00
Rep. Michael G. Fitzpatrick		Туре		2300.00
Senate President	ment For: 2014 Primary			
State: PA District: 08				
SUBTOTAL of Disbursements This Page (optional).		<u> </u>		7000.00
TOTAL This Period (last page this line number only)	·····		

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 52 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	NOMBELL.
TI ENTILLE DIODOTTOLIVILITIE	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed Suffilliary Page	27	28a 28b 28c 29 30k
Any information copied from such Reports and State	ments may not be sold or u	sed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Co	mmittee	
/			
Full Name (Last, First, Middle Initial)			Data of Disharanana
A. TIBERI FOR CONGRESS			Date of Disbursement
Mailing Address 2931 E Dublin Granville Road			09 09 2014
Maining Address 2551 E Bublin Granville Road			00 00 2014
City	State Zip Code		Transaction ID - D400075
Columbus	OH 43231		Transaction ID: D160875
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Pat Tiberi	ment For 2011	Туре	100.00
Office Sought: House Disburse Senate	ement For: 2014		
President	Primary		
State: OH District: 12	Carlot (opcolly)		
Full Name (Last, First, Middle Initial)			
B. PAT MEEHAN FOR CONGRESS			Date of Disbursement
TAT WELLIAM TON CONCINEDO			M = M / D = D / Y = Y = Y
Mailing Address 50 S. Providence Road			09 26 2014
City	State Zip Code		Transaction ID : D161585
Media	PA 19063		
Purpose of Disbursement Contribution			Amount of Each Disbursoment this Pariod
Candidate Name			Amount of Each Disbursement this Period
Rep. Patrick Meehan		Category/ Type	1000.00
	ment For: 2014	1,750	
Senate	Primary Seneral		
President	Other (specify)		
State: PA District: 07			
Full Name (Last, First, Middle Initial)			
C. RENEE ELLMERS FOR CONGRI	ESS COMMITTEE		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 99567			09 09 2014
City	State Zip Code		
City RALEIGH	State Zip Code NC 27624		Transaction ID : D160881
Purpose of Disbursement	21027		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Renee Ellmers		Type	2500.00
Office Sought: House Disburse	ment For: 2014		,
Senate	Primary Seneral		
President	Other (specify) ▼		
State: NC District: 02			
SUBTOTAL of Disbursements This Page (optional).		•••••••	4500.00
TOTAL This Period (last page this line number only	′)		

SCHE	DULE B (FEC Form 3X)		T	FOR LINE	NI IMRED:	PAGE 53 OF 61
	ZED DISBURSEMENTS	Use separate schedu		(check only		
		for each category of Detailed Summary Pa		21b	22 🗶 23	24 25 26
			9~	27	28a 28b	28c 29 30b
	rmation copied from such Reports and States					
	mmercial purposes, other than using the nar	ne and address of any	political o	committee to	solicit contributions	from such committee.
I \	OF COMMITTEE (In Full)	Dalitiaal Astian (^	!44		
Am	erican Health Care Association	Political Action (Comm	iittee		
	lame (Last, First, Middle Initial)					
A. RO	B WOODALL FOR CONGRES	S			Date of Disburser	
Mailin	g Address POST OFFICE BOX 1871				09 09	
City		State Zip Code				
LAWF	RENCEVILLE	GA 30046			Transaction ID :	: D160892
	ose of Disbursement cribution					
	date Name		L		Amount of Each I	Disbursement this Period
	o. Rob Woodall			Category/ Type		1000.00
		ment For: 2014		1,7,70		7
	Senate	Primary Sene	eral			
	President	Other (specify) ▼				
State:	J					
	Iame (Last, First, Middle Initial)				Data of Diaburgar	mont
B. LE	IN FOR CONGRESS				Date of Disburser	_
Mailin	g Address PO Box 37				09 09	
City		State Zip Code			Transaction ID	: D160877
Rose	ville se of Disbursement	MI 48066				
	tribution				Amount of Each [Disbursement this Period
Candi	date Name			Category/		
	o. Sander M. Levin			Type	,	1000.00
Office		ment For: 2014				
	Senate	Primary Gene	eral			
State:	President MI District: 09	Other (specify) ▼				
	Iame (Last, First, Middle Initial)					
	FFY FOR CONGRESS				Date of Disburser	ment
					M M / D I	D / Y Y Y Y
Mailin	g Address PO Box 538				09 09	2014
City		State Zip Code				
Waus		WI 54402			Transaction ID	: D160884
	se of Disbursement					
	ribution		L		Amount of Each [Disbursement this Period
	date Name		C	Category/		1500.00
	p. Sean P. Duffy Sought: House Disburse	ment For: 2014		Туре		
011100	Senate	Primary Gene	eral			
	President	Other (specify) ▼				
State	WI District: 07	·				
						0500.00
SUBTO	TAL of Disbursements This Page (optional)			··········•		3500.00
ΤΟΤΔΙ	This Period (last page this line number only))				
	I died the page the line hallber offly	,				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 54 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Г		27	
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Health Care Association	n Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			D (D)
A. SCALISE FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 23219			09 12 2014
City	State Zip Code		T ID D44400
Jefferson	LA 70183		Transaction ID: D161022
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Steve Scalise		Type	2500.00
Office Sought: House Disburse Senate President	ement For: 2014 Primary		
State: LA District: 01			
Full Name (Last, First, Middle Initial)			
B. STIVERS FOR CONGRESS			Date of Disbursement
Mailing Address 4679 Winterset Drive			09 09 2014
City Columbus	State Zip Code OH 43220		Transaction ID : D160888
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Steve Stivers		Туре	1000.00
Office Sought: House Disburse	ement For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. WOMACK FOR CONGRESS CO	MMITTEE		Date of Disbursement
WOWACK FOR CONCRESS CO	VIIVII I LL		M M / D D / Y Y Y Y
Mailing Address PO BOX 508			09 12 2014
City ROGERS	State Zip Code AR 72757		Transaction ID : D161029
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Lacif Dispursement this Feriou
Rep. Steve Womack		Type	2500.00
Senate President	ement For: 2014 Primary General Other (specify)		
State: AR District: 03			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only			6000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 55 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.
II LIMILLO DIODONOLIVILIVIO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed Sulfillidity Fage	27	28a 28b 28c 29 30l
Any information copied from such Reports and Stater			
or for commercial purposes, other than using the name	ne and address of any polition	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)		İ	
A. PRICE FOR CONGRESS			Date of Disbursement
TRIOL FOR CONCRESO			M M / D D / Y Y Y Y
Mailing Address P.O. Box 425			09 23 2014
01	7: 0 1		
City S Roswell	State Zip Code GA 30077		Transaction ID: D161393
Purpose of Disbursement	30077		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Thomas Edmunds Price		Type	2500.00
	nent For: 2014		
	Primary General		
State: GA District: 06	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. THE BILL KEATING COMMITTEE			Date of Disbursement
- THE BILL REATING COMMITTEE			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 3065			09 09 2014
•	State Zip Code		Transaction ID : D160900
Buzzards Bay Purpose of Disbursement	MA 02532		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. William Keating		Type	1000.00
	nent For: 2014		
Senate	Primary General		
President State: MA District: 09	Other (specify) ▼		
State: MA District: 09 Full Name (Last, First, Middle Initial)			
C. RYAN COSTELLO FOR CONGRE	20		Date of Disbursement
** KTAN COSTELLOT OK CONOKE	.00		M M / D D / Y Y Y Y
Mailing Address PO BOX 89			09 12 2014
	State Zip Code		Transaction ID : D161026
PHOENIXVILLE Purpose of Disbursement	PA 19460		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
RYAN A COSTELLO		Type	1000.00
	nent For: 2014		
	Primary General		
President President President	Other (specify) ▼		
State: PA District: 06			
CURTOTAL of Dioburgomento This Days (anti-unit)			4500.00
SUBTOTAL of Disbursements This Page (optional)		>	.555.50
l			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 56	6 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 28a 28b 28c 25	
[27		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Con	nmittee		
Full Name (Last, First, Middle Initial)				
A. AL FRANKEN FOR SENATE 2014	•		Date of Disbursement	
Mailing Address PO BOX 583144			09 23 2014	
City	State Zip Code			
MINNEAPOLIS	MN 55458		Transaction ID : D161392	
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disbursement th	nis Period
Candidate Name		Category/		500.00
Sen. Al Franken		Type	2	500.00
	nent For: 2014			
Senate President	Primary			
State: MN District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. BOB CASEY FOR SENATE INC			Date of Disbursement	
202 0, (021 1 01(021), (12 11(0			M M / D D / Y Y	Y Y
Mailing Address PO BOX 58746			09 09 2014	4
	State Zip Code		Transaction ID : D160879	
Philadelphia Purpose of Disbursement	PA 19102			
Contribution			Amount of Each Disbursement th	nis Period
Candidate Name		Catagony		
Sen. Bob Casey		Category/ Type	1	00.00
	nent For: 2018			
	Primary General			
President	Other (specify) ▼			
State: PA District:				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
c. CHRIS COONS FOR DELAWARE			M M / D D / Y Y	V
Mailing Address PO BOX 9900			09 09 2014	
-				
City S NEWARK	State Zip Code DE 19714		Transaction ID : D160899	
Purpose of Disbursement	19/14			
Contribution			Amount of Each Disbursement th	nis Period
Candidate Name		Category/		
Sen. Chris Coons		Type	1	000.00
	nent For: 2014			
Senate	Primary General			
State: DE District:	Other (specify) ▼			
Otate. DE District.				
SUBTOTAL of Disbursements This Page (optional)			4	500.00
a secondaria in aga (apilana)				
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 57 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26
Г		27	28a 28b 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			
A. CORY BOOKER FOR SENATE			Date of Disbursement
Mailing Address PO Box 32237			09 09 2014
City	State Zip Code		
Newark	NJ 07102-0637		Transaction ID: D160895
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Sen. Cory A. Booker		Type	5000.00
Office Sought: House Disburse	ment For: 2014 Primary		
President	Other (specify) ▼		
State: NJ District:			
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF JEANNE SHAHEEN	l		Date of Disbursement
Matter Address			M M / D D / Y Y Y Y Y
Mailing Address 105 N STATE STREET			09 09 2014
City CONCORD	State Zip Code NH 03301		Transaction ID : D160896
Purpose of Disbursement	03301		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Sen. Jeanne Shaheen		Type	1500.00
	ment For: 2014		
Senate President	Primary General		
State: NH District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF JEANNE SHAHEEN			Date of Disbursement
	•		M M / D D / Y Y Y Y
Mailing Address 105 N STATE STREET			09 09 2014
City	State Zip Code		Towns of the ID Diseases
CONCORD	NH 03301		Transaction ID : D160902
Purpose of Disbursement Contribution			
Candidate Name			Amount of Each Disbursement this Period
Sen. Jeanne Shaheen		Category/	1000.00
	ment For: 2014	Туре	
✓ Senate	Primary General		
President	Other (specify) ▼		
State: NH District:	,		
SUBTOTAL of Disbursements This Page (optional)		·····	7500.00
TOTAL This Period (last page this line number only)	·····	7 7 7

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 58 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			
A. ALEXANDER FOR SENATE 2014	INC		Date of Disbursement
Mailing Address 228 S WASHINGTON STREET SI	JITE 115		09 12 2014
City	State Zip Code		Transaction ID - D4C4024
ALEXANDRIA	VA 22314		Transaction ID : D161034
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Sen. Lamar Alexander		Type	5000.00
Office Sought: House Senate President Disburse	ment For: 2014 Primary		
State: TN District:			
Full Name (Last, First, Middle Initial)			
B. MARK PRYOR FOR US SENATE			Date of Disbursement
Mailing Address PO BOX 2720			09 12 2014
City LITTLE ROCK	State Zip Code AR 72203		Transaction ID : D161019
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Mark Pryor		Type	1500.00
	ment For: 2014		
Senate President	Primary General		
State: AR District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. KIRK FOR SENATE			Date of Disbursement
Mailing Address P.O. Box 8			09 09 2014
Mailing Address F.O. Box 6			00 00 2014
City	State Zip Code		Transaction ID : D160867
Winnetka	IL 60093		Transaction ib . D100007
Purpose of Disbursement Contribution			
Candidate Name			Amount of Each Disbursement this Period
Sen. Mark Steven Kirk		Category/ Type	1500.00
Office Sought: House Disburse	ment For: 2016		
X Senate	Primary General		
President	Other (specify) ▼		
State: IL District:			
SUBTOTAL of Disbursements This Page (optional)			800.00
, , , , , , , , , , , , , , , , , , ,			
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 59 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
		27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or us e and address of any politic	sed by any perso cal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		· · · · · ·	
American Health Care Association	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)	_		
A. PAT ROBERTS FOR US SENATE	INC		Date of Disbursement
Mailing Address PO BOX 433			09 12 2014
,	State Zip Code		Transaction ID : D161032
0.12.1. 22.12	KS 67530		Transaction ID . D101032
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Sen. PAT ROBERTS		Type	3000.00
X Senate	nent For: 2014 Primary		
State: KS District:			
Full Name (Last, First, Middle Initial)			
B. BLUMENTHAL FOR CONNECTIC	UT		Date of Disbursement
Mailing Address C/O CACACE TUSCH & SANTAG 777 SUMMER STREET, STE 103	ATA		09 09 2014
Stamford	State Zip Code CT 06901		Transaction ID : D160873
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Richard Blumenthal		Туре	2300.00
	nent For: 2016 Primary General		
	Other (specify)		
State: CT District:	Cirici (oposity)		
Full Name (Last, First, Middle Initial)			
C. SUPPORT TO ENSURE VICTORY EVE	RYWHERE PAC (STE	EVE PAC)	Date of Disbursement
Mailing Address 228 S Washington St			09 09 2014
Ste 115			2017
•	State Zip Code		Transaction ID : D160887
Alexandria Purpose of Disbursement	VA 22314		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1500.00
Office Sought: House Disbursen	nent For:		
	Primary General		
	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····	9000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	Han annual to the	, FOR LINE	NUMBER:	PAGE 60 OF 61
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(Cricol offin	•	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem	conte may not be sold or			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Co	ommittee		
Full Name (Last, First, Middle Initial)				
Tull Name (Last, Flist, Middle Hillian) TRUST PAC TEAM REPUBLICANS FOR U	ITILIZING SENSIBLE "	TACTICS	Date of Disburseme	nt
			M M / D D	/ Y Y Y Y
Mailing Address 228 S. Washington Street			09 09	2014
Suite 115	75.0.4.			
,	State Zip Code VA 22314		Transaction ID : D	160872
Purpose of Disbursement	22014			
Contribution			Amount of Each Dis	bursement this Period
Candidate Name		Category/		5000.00
		Type		5000.00
Office Sought: House Disbursem				
	Primary General Other (specify)			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
3. Young for Iowa, Inc.			Date of Disburseme	nt
			M = M / D = D	/ Y Y Y Y Y
Mailing Address PO Box 162			09 02	2014
City	State Zip Code			
Van Meter	IA 50261		Transaction ID : D	160747
Purpose of Disbursement				
Contribution		_	Amount of Each Dis	bursement this Period
Candidate Name		Category/		1000.00
David Young Office Sought:	nent For: 2014	Type		
	Primary General			
	Other (specify)			
State: IA District: 03				
Full Name (Last, First, Middle Initial)				
C.			Date of Disburseme	nt
Mailing Address			M M / D D	/ Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
r dipose of Disbursement			Amount of Fook Dia	bursement this Period
Candidate Name		Category/	Amount of Lacif Dis	bursement this Feriod
		Type		
Office Sought: House Disburser	nent For:	'	,	,
	Primary General			
	Other (specify) ▼			
State: District:				
CURTOTAL of Dishursements This Dags (entional)				6000.00
SUBTOTAL of Disbursements This Page (optional)		·····		3000.00
TOTAL This Period (last page this line number only).				153500.00
· · · · · · · · · · · · · · · · · ·				

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 61 OF 61	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	-	FOR LINE NUMBER: PAGE 61 OF 61 (check only one)	
		` 21b	22 23 24 25 26	
		27	X 28a 28b 28c 29 30l	
Any information copied from such Reports and Staten				
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Con	nmittee		
/ Full Name (Last, First, Middle Initial)		ı		
A. Mr. Richard A Dillon			Date of Disbursement	
WIT. MOHAIA A DIIIOH			M M / D D / Y Y Y Y	
Mailing Address 15703 NW Fair Acres Drive		09 19 2014		
•	State Zip Code		Transaction ID : D161244	
Vancouver Purpose of Disbursement	WA 98685			
Refund of 8/29/2014 Contribution			Amount of Each Disbursement this Period	
Candidate Name			, and are the Later biobardenic trie i ellou	
		Category/ Type	5000.00	
Office Sought: House Disburser	nent For:	. , , , ,		
	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
3. Todd Hightower			Date of Disbursement	
Matter Address			M = M / D = D / Y = Y = Y	
Mailing Address 217 Lakewood Road			09 19 2014	
City	State Zip Code			
Van Buren	AR 72956		Transaction ID : D162277	
Purpose of Disbursement				
Refund of 4/17/2014 Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	1666.67	
Office Sought: House Disbursen	nont For:	Туре	.533.67	
Office Sought: House Disbursen	nent For: Primary General			
President	Other (specify)			
State: District:	(1 · 3/ ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code			
Опу	ыак Др СООВ			
Purpose of Disbursement				
			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type		
		турс	,	
Office Sought: House Disburser		Турс	, , , , , , , , , , , , , , , , , , , ,	
Senate	Primary General	Турс		
Senate President		Турс		
Senate	Primary General	Туро		
Senate President State: District:	Primary General Other (specify) ▼		6666.67	
Senate President	Primary General Other (specify) ▼		6666.67	